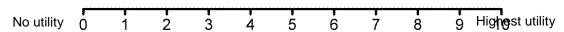
| Supplementary material: English translati media by patients with food allergy. | on of the full survey about the use of social |
|--|---|
| Date of inclusion: | |
| Birth date of the patient: | Sex: |
| Birth date of the guardian: | Sex: |
| | |
| 1 Patient's food allergies: Mark as many options as apply. | |
| ☐ Milk ☐ Egg ☐ Peanuts and tree nuts ☐ Fish ☐ Legumes ☐ Other: | |
| 2 Time since food allergy diagnosis: | |
| □ Less than 1 year.□ 1-5 years.□ More than 5 years. | |
| 3 Have you ever had food allergy-trigger Anaphylaxis is a severe allergic reaction with respiratory sytstem, digestive, neurologic, loss of | involvement of at least two of the following: skin, |
| ☐ Yes ☐ No | |
| 4 Do you have an epinephrine auto-injec | tor? |
| ☐ Yes ☐ No | |

| | | | ou ai | iergy | -u igg | Cicu | ano | gic | eacu | OII W | ithin the last year? |
|---|------------------------------|------------------------------------|------------------------|------------|--------|--------|-----------------|-------|---------|-------|----------------------|
| □ Yes □ No | | | | | | | | | | | |
| 6 Have you had | d foo | d alle | rgy-t | rigge | red a | naph | yla | xis w | ithin t | he la | st year? |
| ☐ Yes ☐ No | | | | | | | | | | | |
| 7 Did you rece | ive e _l | pinep | hrine | with | in the | e last | yea | ar? | | | |
| ☐ Yes ☐ No | | | | | | | | | | | |
| 8 How was the | epin | ephri | ne d | eliver | ed? | | | | | | |
| ☐ My own au ☐ Administer☐ Other: | | | | are p | rofess | ional | | | | | |
| 9 Are you a me | embe | r of a | patie | ent as | ssocia | ation | ? | | | | |
| □ Yes □ No | | | | | | | | | | | |
| 10 Please, rate | the k | know | ledge | e of fo | ood al | llergy | am | nong | the g | enera | al population: |
| No knowledge | 0 | 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | 9 Higherst knowledge |
| | | | | | | | | | | | |
| 11 Please, rate | your | knov | wled | ge of | food | allerç | jy: | | | | |
| 11 Please, rate No knowledge | your | knov | wled 2 | ge of | food | allero | ју: 6 | 7 | 8 | 9 | 10 Highest knowledge |
| | o e foll | 1 owing | 2 g do | 3 | 4 | | | 7 | 8 | 9 | 10 Highest knowledge |
| No knowledge 12 Which of th | e folloions as | owing s appl | 2 g do y. | 3 | 4 | | | 7 | 8 | 9 | 10 Highest knowledge |
| No knowledge 12 Which of th Mark as many opti Personal of Smartphol | e folloions as compune ad or | owing s apply uter simila | g do y. ar) | 3 you ι | ise? | 5 | 6 | 7 | 8 | 9 | 10 Highest knowledge |

| 14 Do you use social media? |
|--|
| □ Yes □ No |
| |
| 15 How often do you use social media? |
| ☐ Every day ☐ At least once a week ☐ Less frequently |
| 16 What social media networks do you use for any reason? Mark as many options as apply. |
| ☐ Facebook ☐ Twitter |
| ☐ YouTube ☐ Instagram |
| □ None □ Other: |
| |
| 17 What social media networks do you use for food allergy-related purposes? Mark as many options as apply. |
| □ Facebook |
| ☐ Twitter ☐ YouTube |
| ☐ Instagram ☐ None |
| ☐ Other: |
| 18 What do you use social media for, in relation with food allergy? Mark as many options as apply. |
| ☐ To obtain supplementary medical information, after visiting my allergist.☐ Look up information about new treatments. |
| ☐ To receive information about food security items. |
| ☐ Socializing with other patients ☐ Other: |
| 19 What kind of accounts do you follow in social media? Mark as many options as apply. |
| ☐ Scientific societies |
| ☐ Healthcare professionals☐ Patient associations |
| ☐ Pharmaceutic companies ☐ Alternative therapies |
| |





21.- Which is your opinion on the following therapies?

Please, consider 1 is the most negative opinion and 5 the most positive opinion. Mark with an X.

| | Unknown | 1 | 2 | 3 | 4 | 5 | | |
|---|---------|---|---|---|---|---|--|--|
| Allegen immunotherapy (allergy vaccines) | | | | | | | | |
| Homeopathy | | | | | | | | |
| Oral immunotherapy with food (desensitization) | | | | | | | | |
| Reiki | | | | | | | | |
| Inhaled corticosteroids | | | | | | | | |
| Bach flower remedies | | | | | | | | |
| Accupuncture | | | | | | | | |
| Epinephrine | | | | | | | | |
| Osteopathy | | | | | | | | |
| Naturopathy | | | | | | | | |
| | | | | | | | | |
| 22 Do you use any mobile application (app) for your food allergy? | | | | | | | | |
| □ Yes □ No | | | | | | | | |
| 23 If you use any mobile application for your food allergy, can you specify its name? | | | | | | | | |

Thank you!

24.- Do you use instant messaging (e.g. WhatsApp) for food allergy-related

purposes?

☐ Yes ☐ No