I. First, we would like to get to know a little about you and the medical setting where you primarily practice. Please respond to the following questions as accurately as you can. Do you take care of patients under I year of age?	
○ Yes ○ No	
2. What year did you complete your residency training? Please provide only the 4-digit year	
Year	
l. Did you complete a fellowship(s) after residency?	
Yes (Please specify the field of study)	○ No
Which of the below best describes the setting where you primarily practice? Academic Institution	Multi-Specialty Group Practice O Small Private Practice
. How would you characterize the geographic area where you primarily practice?	
○ Urban ○ Suburban ○ Rural	
Urban Suburban Rural . What is the ZIP CODE of the site where you primarily practice? Zip Code	
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□ Colleague (Non-Allergis	•		
□ Colleague (Allergist)			
□ Other (please specify):			
□ None		d.	
utilize or reference to ans	nining and/or educational resources do you <u>most o</u> wer your questions regarding food allergy? <i>Please</i>		
ONE.	/Evnevience		
Medical School Curricul	um/Experience		
Residency Training			
MOC/CEU Training Dublished Brastics Bara	matara/Cuidalinas		
Published Practice Para Clinical Practice	neters/Guidelines		
Medical Newsletter			
Conference			
Grand Rounds			
O UpToDate			
Internet			
O Preceptor/Mentor			
Colleague (Non-Allergis	.t)		
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Other (please specify):			
cultor (product specify).			
○ None	1	te.	
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ans	sitization (peanut specific IgE or peanut skin test)? Choose ALL of the correct
O	linfants
	fants with mild/moderate eczema
	fants with severe eczema
	fant with parent or sibling with peanut allergy
	fants with egg allergy
☐ Inf	fants with milk allergy
□ No	o screening is suggested
whi	cording to the NIAID Addendum Guidelines for the Prevention of Peanut Allergy, ich of the below fulfills the definition of 'severe eczema'? Choose ALL of the rect answers.
□ Fre	equent topical corticosteroid use despite appropriate emollient use
□ Ec	zema affecting greater than 25% of the skin surface
□ Fre	equent use of calcineurin inhibitors despite appropriate emollient use
□ Pa	atient that has been referred to dermatology
	atient that has comorbid food allergy and/or frequent albuterol use
n thes	FESSIONAL RECOMMENDATIONS se two questions, we would like to hear about your clinical practice. Please answer the following questions as accurately as possibly you recommend hand washing before applying lotions, topical medications,
	liaper changes?
O Alv	ways
ОМ	ost of the time
○ So	ometimes
O Ne	ever
. Wh	y child WITHOUT eczema or food allergy. at is the earliest age that you recommend the introduction of <mark>Pureed</mark> its/Vegetables in a healthy child WITHOUT eczema or food allergy?
	months 0 4 months 0 5 months 0 6 months 0 7-9 months 0 10-11 months 0 12-23 months 0 24-35 months 0 36+ months
○ Re	ecommend allergy referral or blood specific IgE before introduction
O 3 r	at is the earliest age that you recommend the introduction of <mark>Infant Cereal i</mark> n a Ilthy child <mark>WITHOUT</mark> eczema or food allergy?
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	lthy child WITHOUT eczema or food allergy?
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_	the earliest age that you recommend introduction of pureed fruits/
	b <mark>les</mark> in a healthy child <mark>WITH</mark> a family history of food allergies (1st degree), including <mark>peanut?</mark>
O 3 mor	ths 0 4 months 0 5 months 0 6 months 0 7-9 months 0 10-11 months 0 12-23 months 0 24-35 months 0 36+ months
O Recor	nmend allergy referral or blood specific IgE before introduction
	the earliest age that you recommend introduction of <mark>infant cereal</mark> in a child <mark>WITH a</mark> family history of food allergies (1st degree relative),
	ng peanut?
O 3 mor	ths O 4 months O 5 months O 6 months O 7-9 months O 10-11 months O 12-23 months O 24-35 months O 36+ months
O Recor	nmend allergy referral or blood specific IgE before introduction
child V	the earliest age that you recommend introduction of <mark>peanut</mark> in a healthy I <mark>TH</mark> a family history of food allergies (1st degree relative), including
peanu	
	ths 0 4 months 0 5 months 0 6 months 0 7-9 months 0 10-11 months 0 12-23 months 0 24-35 months 0 36+ months
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produc	the earliest age that you recommend introduction of <mark>Cow's milk ts (</mark> e.g. yogurt, cheese) in a healthy child <mark>WITH</mark> a family history of food is (1st degree relative), including <mark>peanut</mark> ?
○ 3 mor	ths \bigcirc 4 months \bigcirc 5 months \bigcirc 6 months \bigcirc 7-9 months \bigcirc 10-11 months \bigcirc 12-23 months \bigcirc 24-35 months \bigcirc 36+ months
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ealthy chester search s	the earliest age that you recommend the introduction of pureed egetables in a child WITH severe eczema and/or egg allergy? this

CONTINUITY OF CARE BRANCH In this section, we would like to ask you a few questions regarding the type of guidance that you provide throughout the pediatric care continuum. 34. When do you first discuss early introduction of potential allergens other than peanut? O Newborn visit O 2 month well-child visit O 4 month well-child visit O 6 month well-child visit O 9 month well-child visit O 1 year well-child visit $\ensuremath{\bigcirc}$ I do not discuss this 35. In your opinion, what are the barriers of discussing early introduction of allergenic foods at well-child visits? Check ALL that apply. $\hfill\Box$ Fear of giving peanut or other allergenic foods early due to concern for choking ☐ Fear of giving peanuts or other allergenic foods early due to the concern for potential allergy development ☐ Fear of giving peanut or other allergic foods early due to the concern that the patients lack the motor development ☐ Family willingness ☐ Lack of time to effectively communicate ☐ Unsure of how to communicate the guidelines $\ \square$ Lack of guidelines for allergenic foods, except for peanut $\ \square$ Lack of awareness of the 2017 NIAID Addendum Guidelines for the Prevention of Peanut Allergy $\ \square$ Lack of comfort with the 2017 NIAID Addendum Guidelines for the Prevention of Peanut Allergy ☐ Disagreement with the 2017 NIAID Addendum Guidelines for the Prevention of Peanut Allergy $\hfill \square$ Belief that the patient should exclusively breastfeed in the first 6 months of life ☐ Primary language of the patient is different than the provider's primary language $\hfill\Box$ Do not think it is important $\hfill \square$ Lack of resources or educational materials $\hfill \square$ Concern for liability if the patient reactions at home after early introduction ☐ Other (please specify): 36. What do you perceive as a barrier, if any, to feeding potentially allergenic foods in the home after you have had the discussion about introduction? Check ALL $\ \square$ Fear of giving peanut or other allergenic foods early due to concern for choking $\ \square$ Fear of giving peanuts or other allergenic foods early due to the concern for potential allergy development \Box Fear of giving peanut or other allergic foods early due to the concern that the patients lack the motor development □ Parental acceptance of the guidelines □ Access to allergists $\hfill \Box$ Lack of guidelines for allergenic foods, except for peanut $\hfill\Box$ Confusion by conflicting advice ☐ Desire to exclusively breast feed ☐ Family history of food allergies Cultural considerations ☐ Family preference $\hfill\Box$ Lack of trust in the pediatrician $\hfill \square$ Social media influence ☐ Belief in the advice of family and/or friends that conflicts with the advice from the primary care physician ☐ Lack of resources or educational materials ☐ Other (please specify): 37. If you seek an allergist referral, what is the approximate wait time for an infant to see an allergist? *Please provide a whole number estimation in weeks Weeks