

UCT OCCUPATIONAL SEAFOOD ALLERGY STUDY IN SOUTH AFRICA – 2001

SPT PRETEST DATA COLLECTION SHEET

Record Number

Work number

Date

DAY			MONTH		YEAR	

Card

1-3

4-9

10-15

1. Do you have any allergies that you know of? YES [1] NO [2] ÿ₁₆

1.1 **If Yes**, what are you allergic to? (Examples: cats, dogs, dust, grasses or trees, etc.) Please list.

ÿ₁₇

ÿ₁₈

ÿ₁₉

1.2 Have you ever had a severe allergic reaction to any of these (collapse, chest tightness, wheeze)?

YES [1] NO [2] ÿ₂₀

If YES, indicate to the person that the skin prick tests will not be done.
Explain that a blood test will be done instead.

2. Have you ever had a severe allergic reaction to seafood (collapse, chest tightness, wheeze)?

YES (1) NO (2) ÿ₂₁

If YES, indicate to the person that the skin prick tests will not be done.
Explain that a blood test will be done instead.

3. Do you currently have an active skin problem such as eczema?

YES (1) NO (2) ÿ₂₂

If present, indicate to the person that the skin prick tests will not be done.
Explain that a blood test will be done instead.

4. Have you used any medicines or skin creams for allergies or flu in the past **3 days**?

1. YES

2. NO

ÿ₂₃

4.1 **If yes**, which medicines?

ÿ₂₄

ÿ₂₅

ÿ₂₆

If medicine contains antihistamines, indicate to the person that the skin prick tests will not be done.
Reschedule another appointment in **one** week's time and counsel accordingly.
Explain that a blood test will only be done today.

5. For Women:

5.1 Are you Pregnant?

1. YES

2. NO

ÿ₂₇

5.2 Are you Breastfeeding?

1. YES

2. NO

ÿ₂₈

If **Pregnant**, indicate to the person that the Skin-Prick Test will not be done today. Explain that a blood test will be done instead.

If **Breastfeeding**, proceed with Skin-Prick Testing.

6. Are you wheezing or having a tight chest today?

1. YES

2. NO

ÿ₂₉

If YES, indicate to the person that the skin prick tests will not be done.
Explain that a blood test will be done instead.

If answers to any of the above are NO, proceed with skin prick testing.