Penicillin Allergy Delabeling Study – 6 and 12 month post Direct Oral Challenge Survey

Thank you for taking the time to share your post-study experience regarding your recent penicillin allergy delabelling. Participant feedback is an important factor in evaluating the success of programs like these and will be used to improve and develop future programs.

You attended a Direct Oral Challenge Clinic at Muskoka Algonquin Healthcare (MACH). During the DOC and the immediate follow-up afterwards, you did not have or report an allergic reaction. It was therefore determined that you did not have a penicillin allergy and the allergy alert, with your permission, was removed from your medical records at both your family physician's office and MAHC. We are looking for feedback from all participants who completed the direct oral challenge.

Please answer the following questions, to the best of your ability, since completing the direct oral challenge 6 or 12 months ago:

1. Have you been prescribed a penicillin since the completion of your direct oral challenge (please check the appropriate answer)?
   ☐ Yes   ☐ No
   If you answered "Yes" please go to question #2
   If you answered "No" please go to question #4
   ☐

2. Did you feel safe taking the penicillin (please check the appropriate answer)?
   ☐ Yes   ☐ No
   Why or why not?
   _____
   _____

3. Did you have an allergic reaction to the penicillin you were prescribed after the DOC (please check the appropriate answer)?
   ☐ Yes   ☐ No
   If yes, what symptoms did you have?
   ☐ minor rash
   ☐ severe pruritis (very itchy skin)
   ☐ angioedema (swelling of the lips or tongue)
   ☐ difficulty breathing (anaphylaxis or bronchospasms)
   ☐ shock
   ☐ severe skin reaction
   ☐ Other (please list): _____

4. If you answered "no" in question #1, do you feel safe taking a penicillin in the future if it is prescribed to you (please check the appropriate answer)?
   ☐ Yes   ☐ No
   Why or why not?
   _____
   _____

5. Has the penicillin allergy alert been removed from all of your medical files (please check the appropriate answer)?

☐ Yes ☐ No ☐ Unsure

6. We welcome any additional comments that you would like to share about your experience or the study in general (please list your comments below).

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We appreciate your feedback and are grateful for your contribution to medical research in Muskoka.

Research ID _____