



POLITÉCNICA

PARTICIPANT CODE: A L [] [] [] []
RESEARCHERS: _____
(INITIALS OF THE RESEARCHERS)



ALASKA Study. ALLERGIES AND FOOD INTOLERANCES IN ADULTS AND ATHLETES

APPENDIX 2. INCLUSION AND EXCLUSION CRITERIA FORM

INSTRUCTIONS:

Complete the following Inclusion and Exclusion Criteria Form.

Participant code: _____ (If you haven't receive your participant code, please contact the research staff at l.pantoja@upm.es, marcela.gonzalez.gross@upm.es, or gi.imfine@upm.es and request the unique participant code that you will use throughout the entire study as identification. If possible, memorize this code)

Today's date: _____ (DD/MM/YYYY format)

Are you participating in another research study, simultaneously?:

- (1) Yes
- (2) No
- (3) I don't know/ I am not sure

Are you smoker?:

- (1) Yes
- (2) No
- (3) I don't know/ I am not sure

If your answer is "Yes", then write down the number of cigarettes which you smoke and choose the frequency (/day, /week, /month, or /year):

Number of cigarettes:

Frequency

- (1) per day
- (2) per week
- (3) per month
- (4) per year

Are you taking any type of antibiotics currently?:

- (1) Yes
- (2) No
- (3) I don't know/ I am not sure

You have selected that you are taking some type of antibiotic...

Explain: the name, the concentration, the reason, the medical prescription time and the remaining time to end the antibiotic treatment:

_____ (e.g. Amoxicillin, 500mg, tooth extraction, 15 days, I have 3 days of treatment left)



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Have you or have you had a Helicobacter pylori bacteria infection (during last year) (with medical diagnosis)?:

- (1) Yes
- (2) No
- (3) I don't know/ I am not sure

Do you have any type of food allergy (with medical diagnosis)?:

- (1) Yes
- (2) No
- (3) I don't know/ I am not sure

Write down the used method or test for your diagnosis of food allergy:

- (1) Skin prick test
- (2) Blood test
- (3) Feces or urine test
- (4) Other

What other method was it used for your diagnosis of food allergy?:

Write down the allergens to which you tested positive after taking the food allergy test:
(e.g. milk, sulfites.)

Do you have any type of food intolerance or food hypersensitivity (with medical diagnosis)?:

- (1) Yes
- (2) No
- (3) I don't know/ I am not sure

Write down the used method or test for your diagnosis of food intolerance or food hypersensitivity:

- (1) Breath test
- (2) Blood test
- (3) Feces or urine test
- (4) Genetic analysis
- (5) Electrodermal test
- (6) Other

What other method was it used for your diagnosis of food intolerance or food hypersensitivity?:

Write down the allergens to which you tested positive after taking the food intolerance or food hypersensitivity test:
(e.g. lactose, fructose, glucose, etc.)

Do you have coeliac disease (with medical diagnosis)?:

- (1) Yes
- (2) No
- (3) I don't know/ I am not sure



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Write down the used method or test for your diagnosis of coeliac disease:

- (1) Breath test
- (2) Blood test
- (3) Feces or urine test
- (4) Biopsy
- (5) Other

What other method was it used for your diagnosis of coeliac disease?:

Are you taking any type of antidepressant, sleeping pill, or anxiolytic?:

- (1) Yes
- (2) No
- (3) I don't know/ I am not sure

You have selected that you take some type of antidepressant, sleeping pill, or anxiolytic.....
Explain: the name, the concentration, the reason, the medical prescription time and the remaining time to end the treatment:

_____ (e.g. lorazepam, 5mg, for sleep, since 2005 and indefinite prescription)

Do you have a job or lifestyle that may potentially interfere with your regular sleep schedule (e.g. shift night, guards, etc.)?:

- (1) Yes
- (2) No
- (3) I don't know/ I am not sure

You have selected that you have a job or lifestyle that potentially interferes with your regular sleep schedule (e.g. night shift, guards, etc.)...

Explain: the type of work, your weekday work schedule and weekend work schedule:

Type of job:

_____ (e.g. civil guard, nurse, etc.)

Weekday work schedule:

_____ (e.g. 11:30 p.m.-6:30 a.m.)

Weekend work schedule:

_____ (e.g. 9:30 p.m.-4:30 a.m.)

Do you have or have you had some type of eating disorder? (anorexia, bulimia, orthorexia, binge eating, etc.)?:

- (1) Yes
- (2) No
- (3) I don't know/ I am not sure

You have selected that you have had some type of eating disorder (anorexia, bulimia, orthorexia, binge eating, etc.)...

Explain: type of ED, year of diagnosis and current treatment:

_____ (e.g. bulimia, diagnosed in 2005, discharged)



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Do you have or have you had any type of major surgery that have involved having been hospitalized for one or several days (during the last 5 years)?:

- (1) Yes
- (2) No
- (3) I don't know/ I am not sure

You have selected that you have or have had any type of major surgery that involves hospitalization of one or several days (during the last 5 years)...

Explain: type of major surgery, year of intervention and current treatment/status:

_____ (e.g. maxillofacial surgery, year 2019, currently fully recovered)

Do you have or have had some type of cancer (during the last 5 years)?:

- (1) Yes
- (2) No
- (3) I don't know/ I am not sure

You have selected that you have or have had some type of cancer (within the last 5 years)...

Explain: type of cancer, year of diagnosis and current treatment:

_____ (e.g. prostate cancer, diagnosed 2020, cancer remission)

Have you or have you had another illness (during the last 5 years)?:

- (1) Yes
- (2) No
- (3) I don't know/ I am not sure

Write, what other type of illness have you had (during the last 5 years):

In general, how many hours of uninterrupted night sleep do you have?:

- (1) 1
- (2) 2
- (3) 3
- (4) 4
- (5) 5
- (6) 6
- (7) 7
- (8) 9
- (9) 9
- (10) 10
- (11) 11
- (12) 12
- (13) more than 12 hours of sleep per night

(number of hours/night)



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How many hours of general night sleep do you have?:

- (1) 1
- (2) 2
- (3) 3
- (4) 4
- (5) 5
- (6) 6
- (7) 7
- (8) 9
- (9) 9
- (10) 10
- (11) 11
- (12) 12
- (13) more than 12 hours of sleep per night

(number of hours/night)



AVAILABILITY AND POSSIBILITIES OF PARTICIPANTS

Do you have time availability to attend 2 venous blood sample extractions now and in 5 to 6 months?

- (1) Yes
- (2) No



Do you have the possibility of fasting for at least 8 hours (for blood sample collection purposes)?

Note: If you have any negative recommendations from your doctor related to fasting or blood sample collection procedures, select "No"

- (1) Yes
- (2) No



Are you able to dedicate 30 minutes now and in 5 to 6 months to complete online questionnaires related to this study?

- (1) Yes
- (2) No





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END OF THE INCLUSION AND EXCLUSION CRITERIA FORM

THANK YOU VERY MUCH

HOW TO CITE THIS DOCUMENT:

Pantoja-Arévalo L, Gesteiro E, Pérez-Ruiz M, *et al.* The multifactorial approach and the Food-Allergen Specific Substitutive Diet as a tool to manage and ameliorate adverse reactions to foodstuffs in adulthood: Study Protocol for a Randomized Controlled Trial. The ALASKA study. Appendix 2 Inclusion and exclusion criteria form. *Trials.* 2024.



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