The NIAID Guidelines recommend use of a thorough medical history as an important tool for identifying symptoms associated with food allergy and making a diagnosis. The history is important for identifying causative allergens and or to differentiate the reaction or symptoms from non-allergic disorders or from allergic reactions unrelated to foods.

The following aspects of the history should be considered. The AAAAI food allergy measures based on the Guidelines suggest documenting at least 4 of the 10 following aspects of the history, although in any patient interaction, all or several of the factors may be important depending upon individual circumstances. Additionally, this list does not represent a comprehensive history because additional queries may arise for any given circumstance:

1) Symptoms of concern following ingestion of a potential allergen that could indicate a food-allergic reaction (e.g., documentation of a history of possible food-induced urticaria, angioedema, vomiting, diarrhea, dysphagia, wheeze, oral itch, throat tightness, or signs of hypotension, etc.)
   These aspects may help to differentiate allergy and intolerance or identify another medical problem accounting for symptoms.

2) Identification of the suspected causal food and whether this food has caused symptoms more than once (e.g., peanut eaten on 2 occasions with symptoms each time)
   This query identifies a potential trigger and begins to discern if the reaction occurs consistently, which would increase the probability that it is a causal allergen.

3) Amount of the suspected food that was ingested to trigger symptoms (e.g., small taste vs. a full serving of scrambled eggs)
   Sometimes the amount ingested can be relevant to determining whether a reaction occurs or affects the severity of a reaction.

4) Form of the food ingested (e.g., baked, raw, canned, etc.)
   This feature may account for otherwise inconsistent reactions to a specific food. For some foods, baking or extensive heating alters the proteins which makes them less allergenic, although this is variable.

5) Timing from ingestion of the suspected food to onset and progression of symptoms
   Acute, IgE mediated reactions typically develop minutes and up to an hour or two following ingestion. Delayed symptoms may suggest non-IgE mediated food allergy, non-allergic triggers, or an unrelated disorder.
6) Whether the potential trigger food was ever tolerated without symptoms, either before or since the adverse food reaction

*This query investigates the consistency of reaction to determine the probability the suspected food is causal. It is more likely the patient will develop a reaction to a known prior allergen than to a food already tolerated in the diet. A potential trigger is more likely to be confirmed an allergen if ingestion consistently resulted in symptoms.*

**PLEASE NOTE:** Answers to this query could prompt additional questions regarding the possibility of a hidden ingredient, cross contact with an allergen, etc., and be assisted by review of ingredient labels and a food diary.

7) Potential factors associated with the food reaction (e.g., exercise, alcohol, NSAIDs)

*Eliciting factors may cause a reaction to develop when a food is otherwise tolerated without the cofactor.*

8) Whether symptoms had been present without the food being ingested (e.g., history of urticaria with shrimp ingestion but also a history of urticaria without shrimp or other crustacean shellfish exposure)

*Chronic symptoms may falsely be attributed to foods.*

9) Treatment and duration of symptoms

*Determination of the response to therapy and course of symptoms may assist in excluding additional causes*

10) Last known exposure to the suspected food

*This query may inform approaches to the natural course of allergy. Remote reactions or recent ingestion without symptoms could signal allergy resolution.*