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| **Allergy and Intolerance Survey** | |
| **The purpose of collecting this data is to develop worldwide norms and averages in order to help us develop effective programs. ALL information is kept confidential and is never shared with any other organization or business.** | |
| **Your Name:** |  |
| **your Screenname on the forums:** |  |
| **Date survey is completed** |  |
| **Do you now have or have you ever had a glider who displays an allergy or intolerance to dairy products?**YesNo |  |
| **IF YES, what is/are the Glider's name(s)?** |  |
| **Please describe the situation(s)** |  |
| **Do you now have or have you ever had a glider who experiences an allergy or intolerance to any other food product?**YesNo |  |
| **If Yes, what is/are the glider's name(s)?** |  |
| **Please describe the situation(s)** |  |
| **Do you now have or have you ever had a glider who displays an allergy or intolerance to any medication?**YesNo |  |
| **If YES, what is/are the glider's name(s)?** |  |
| **Please describe the situation(s)** |  |
| **Do you now have or have you ever had a glider who experiences an allergy or intolerance to laundry detergent or fabric softener?**YesNo |  |
| **If YES, what is/are the glider's name(s)?** |  |
| **Please describe the situation(s)** |  |
| **Do you now have or have you ever had a glider who experiences an allergy or intolerance to a cleaning product?**YesNo |  |
| **If Yes, what is/are the glider's name(s)?** |  |
| **Please describe the situation(s)** |  |
| **Do you now have or have you ever had a glider who experiences an allergy or intolerance to a candle, air freshener or spray?**YesNo |  |
| **If Yes, what is/are the glider's name(s)?** |  |
| **Please describe the situation(s)** |  |
| **Do you now have or have you ever had a glider who experiences an allergy or intolerance to a specific textie (fabric)?**YesNo |  |
| **If YES, what is/are the glider's name(s)?** |  |
| **Please describe the situation(s)** |  |
| **Do you now have or have you ever had a glider who experiences an allergy or intolerance to a specific material used to create toys?**YesNo |  |
| **If YES, what is/are the glider's name(s)?** |  |
| **Please describe the situation(s)** |  |