The challenges for nut-allergic consumers of eating out

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Summary

Background For individuals with a nut allergy, the avoidance of allergens is particularly challenging in situations where they are not preparing their own food. Many allergic reactions occur when eating outside the home.

Objective To identify and explore the challenges faced by nut-allergic individuals (NAIs) when they are eating in restaurants and other eating establishments.

Methods A qualitative interview study was conducted with 32 adults with a clinical history of allergy to peanuts and/or tree nuts.

Results The main strategies that participants adopted to manage the risk of allergic reactions when eating outside the home were avoidance and communication. They avoided types of restaurants, meal courses or particular foods. Seeking familiarity was a key strategy that enabled NAIs to reduce uncertainty and anxiety. Language differences were a major barrier to confident communication about food content. The need to check whether the food on offer may contain nuts was a source of social embarrassment for many participants and the desire to avoid this sometimes led to increased risk taking. Some did not disclose their allergy to restaurant staff as they feared a conservative reaction that would further constrain food choices. NAIs often have to plan where to eat out. The consequent lack of spontaneity was a source of regret to some.

Conclusion and Clinical Relevance Communication patterns of nut-allergic adults are often grounded in legitimate everyday social considerations around embarrassment, choice and spontaneity. Education and training strategies are needed that recognize and take account of this. Focusing on communication deficits of NAIs may be unhelpful; responsibility for food safety must be shared with the food industry.

Keywords

adults, peanut, qualitative, restaurant, tree nut

Introduction

Around 1% of North American and UK populations are allergic to peanuts and other nuts [1–3], and these foods are most commonly implicated in fatal allergic reactions [4–6]. There is currently no cure for nut allergy. The treatment of an anaphylactic reaction involves the prompt intramuscular injection of epinephrine [7] although this may be unsuccessful, if it is too late or the dose is inadequate [8]. Strict avoidance of trigger foods is essential in preventing reactions.

Avoidance of food allergens requires constant dietary vigilance [9]. This vigilance may not be effective, if the presence of nut allergens is not clearly signalled in information (e.g. labelling/menus) that is provided, for example, if it is hidden or misleading [10, 11]. There is considerable evidence that the constant need to check the safety of food to be consumed and the continual concern that an accidental ingestion may lead to a severe reaction, causes anxiety and reduced Quality of Life (QoL) [9, 12].

For nut-allergic individuals (NAIs), the avoidance of allergens is particularly challenging in situations where they are not preparing their own food, as in this situation they have a significant dependence on others' understanding and knowledge of their allergy and the measures required to ensure that food is allergen free. The evidence in this area suggests that the required vigilance and clear communication are often suboptimal as many allergic reactions and fatalities occur in restaurants and other eating out situations [1, 5, 13, 14]. Although the majority of first reactions to nuts are at home, subsequent accidental reactions are more likely to occur outside the home (i.e. at school, restaurant, relative or friend's house) [1]. Over half of the Food Allergy and Anaphylaxis Network (FAAN)/American Academy of Allergy, Asthma and Immunology (AAAAI) fatality registry deaths were from restaurants or other food establishments such as ice cream shops, fast food establishments and food courts [13, 15]. Similarly, over a third of the UK fatal allergic reactions in 2003–2004 were as a result of catered food [5].

Within the QoL research literature, there are frequent references to the increased challenges that eating out in restaurants or other food establishments presents to NAIs [16–20]. In Gupta et al.'s [17] focus group study, parents reported that the child's food allergies had a considerable negative impact on daily family life in situations such as going to restaurants and visiting friends and other social activities. A study conducted by Avery et al. [18] reported more fear of a reaction, and more anxiety about eating away from home than children with diabetes. Quantitative studies have recognized that eating out in restaurants is one factor contributing to diminution in health-related QoL [16, 20].

A study by Ahuja and Sicherer [21] investigated the perspective of food establishments in the management of food allergy. In this study, 100 restaurant staff (managers, servers, chefs) from 100 different food establishments (restaurants, fast-food, take-out food establishments) completed a questionnaire about food allergy. The results revealed that while 70% of respondents reported being 'very' or 'somewhat' comfortable with 'guaranteeing' a safe meal for an allergic customer, there were considerable gaps in their knowledge about food allergy. Twenty-four percent of respondents indicated that consuming a small amount of the allergen would be safe for the allergic consumer, and 25% thought that removing the allergen from a prepared meal (e.g. taking the nuts off the top) would be safe for the consumer. Furthermore, less than half (42%) of the sample reported having had some food allergy training. Data collected by Hall [22] in United Kingdom small and medium-size

catering enterprises showed similar results. Leitch et al. [23] found that one fifth of take-away meals requested to be peanut-free, in fact contained peanut protein. Those tasked with monitoring the implementation of food hygiene and safety standards, e.g. environmental health officers also have an important role to play with regard to allergen management. Research suggests that allergy management is not always part of assessment processes [24].

These studies highlight that although the NAI may be reliant on the information provided by others, this information may be unreliable.

In summary, there is evidence that decisions made to consume particular foods while eating out in restaurants are sometimes responsible for adverse reactions. Similarly, the QoL of NAIs is negatively affected by the issues faced when eating out. It is thus vital to discern exactly both the challenges NAIs feel that eating-out brings and the strategies that they adopt to cope with these.

Qualitative methods of enquiry have a key role in addressing these challenges. Gallagher et al. [25] note that, 'qualitative research can afford understanding of patients' perspectives and illuminate the often-neglected personal and social contexts of illness and care.' (2009, p. 1117). With this in mind, the current research is the first qualitative study to explore the issues that arise for adults with a nut allergy (peanut and/or tree-nut allergy) when eating out at restaurants and other eating establishments and to identify the strategies that are adopted to manage these challenges.

Methods

Thirty-two volunteers with a peanut or tree nut allergy (hereafter, jointly referred to as nut allergy), were recruited to the study via letter or e-mail from five sources in the United Kingdom (Southampton Allergy Clinic, GP practices and the University of Surrey campus). A further 22 NAIs were eligible but did not wish to take part in the study (a response rate of 59.3%). To be eligible to take part in the study, participants had to be aged over 16, have doctor-diagnosed IgE-mediated allergy to peanuts or tree nuts, absence of other food allergies (except for Oral Allergy Syndrome to fruit or vegetables) and have good fluency in the English language.

To be assessed for eligibility, participants initially completed a screening questionnaire and consent form, which was inspected by the study allergist (J. S. L.). Eligible participants participated in an in-depth interview. Before recruitment of participants, an extensive ethical review process was undertaken and permissions were obtained from the National Research Ethics Service (NRES) and the University of Surrey Ethics Committee. Research and Development Approval was obtained from the Surrey and Sussex Research Consortium and the Southampton City Primary Care Trust.

The participant sample comprised 23 females and nine males, with an age range of 16–70 (median = 31). Five individuals reported peanut allergy only, nine reported tree nut allergy only and 18 reported both tree nut and peanut allergy. Eighteen participants described severe nut allergy reactions, 12 moderate and two mild (severities were classified based on symptoms from participants' worst ever reaction using Hourihane et al.'s classification [26]).

The interview schedule was designed to ask participants about many different aspects of living with nut allergy such as diagnosis, symptoms, management of nut allergy, opinions about labelling and

allergy warnings. Questions in the interview pertaining to the aims of this study explored experiences of eating out with a nut allergy and the ways in which individuals coped with these situations.

The interviews were recorded and fully transcribed and coded by two members of the research team (Jo. L. and J. B.) using NVIVO qualitative data analysis software (NVivo, 2008 [27]). Established techniques of thematic coding [28] were used to capture the key points, positions and opinions that were expressed about eating out with a nut allergy. This was performed iteratively with later interviews being used to check the relevance of codes that were derived earlier. The interpretations that were developed looked at both converging and diverging views within the themes. This analysis (led by J. B.) was regularly and frequently revisited by the research team in order to confirm the validity of the interpretations that were being developed.

Results

The strategies that participants adopted to manage the risk of consuming nuts were twofold: avoidance and communication. The choice of strategy was linked to the nature of the likely presence of the risk: was it self-evident or was it hidden. On occasion, the presence of nuts was considered self-evident: they were clearly considered a part of the cuisine, recipe or menu. Participants also discussed the risks posed by nuts being hidden: either being intentionally included and yet ostensibly invisible or as a nonintentional presence (by virtue of cross-contamination).

Avoidance strategies

Some coping mechanisms were focused on active attempts to avoid the trigger allergen(s). This often meant avoiding particular types of restaurants that were considered to pose a high risk to people with a nut allergy both through the self-evident and the hidden presence of nuts. Participants provided examples of types of restaurants that they would deem to be of high risk – particularly Thai, Chinese and Indian restaurants (Table 1: Quote 1). On other occasions, participants avoided a particular course – generally dessert – that was considered as being intrinsically of higher risk (Table 1: Quote 2). Particular foods such as chocolate, sauces and curries were often considered as high risk.

The deliberate avoidance of potentially risky foods was complemented by a focus on selecting foods that were recognized or familiar such as a ‘simple’ steak where the absence of an allergen was seen as being certain. This focus on simple, recognizable and familiar foods was a particular strategy when eating in restaurants abroad; here, participants talked about deferring to the safe strategy of eating familiar ‘English’ foods.

Seeking familiarity was a recurring issue throughout participant dialogues whether it was returning to familiar restaurants (both at home and abroad) or to familiar holiday destinations. Returning to familiar places where they had had previous positive experiences enabled NAIs to feel reassured that they were safe. (Table 1: Quote 3). Seeking familiarity was a key strategy that enabled NAIs to reduce the uncertainty, anxiety and the consequent risk assessments that routinely accompanied the experience of eating out in unfamiliar establishments.

The extent to which participants chose avoidance strategies was sensitive to the context. When people talked about eating out abroad, they took into account the likely availability of medical care or remoteness of their location when making decisions about what to eat and where. For example, participants described how they were willing to accept more risk in situations where they were closer to immediate medical care in case it was needed (e.g. in cities) than in situations where they were in a remote location (Table 1: Quote 4). A corollary of this was the importance that NAIs attributed to planning and anticipating possible situations that might be encountered. This constrained the possibility of spontaneity and for some participants this was a source of regret (Table 1: Quote 5).

Communication strategies

By and large, avoidance strategies were chosen ahead of time and often enacted independently of the need to communicate with others. Other coping strategies involved individuals with a nut allergy engaging with others in order to assist with them assessing the risk so that they could make a decision. There were three key subthemes: experiences of language barriers, coping with language barriers, and the balance between negotiation and embarrassment.

Language barriers with restaurant staff both in the United Kingdom and abroad were of particular concern to individuals with nut allergy as they were often unsure as to whether the restaurant staff understood the importance and implications of their nut allergy, and the precautions that needed to be taken to ensure that the individual was put at minimal risk (Table 2: Quote 1).

Participants provided examples where language barriers meant that they had been served nuts – despite stating their nut allergy to the restaurant staff before ordering their food. Several participants said that they were often not confident that what they had been saying was understood, and that when the food was delivered to the table this uneasiness had often been confirmed (Table 2: Quote 2).

Again, unfamiliarity bred uncertainty as to whether people in non-English-speaking countries would understand that they had a nut allergy, its severity, or which exact substances could trigger a reaction. The language barrier was thus a key issue for participants when trying to eat out in restaurants in foreign countries (as well as in ethnic restaurants in the United Kingdom).

Unsurprisingly then, a key coping strategy abroad was to take action to overcome language barriers. The most basic suggestion in this regard was to learn the word for ‘peanut’ or for ‘nut’, but much greater confidence that the required level of checking could be done, was possible where holiday companions also spoke the local language. Quote 3 in Table 2 illustrates the way that strategies were combined and were sensitive to the context. Depending or not how confident this NAI was in the accuracy of the communication, she would try and choose a safe food and back this strategy up by sampling a very small quantity to check for a likely reaction.

Translation cards were used in restaurants abroad by several participants and they were considered helpful in removing uncertainties and facilitating communication (Table 2: Quote 4). Another participant who travelled widely, prepared text ahead of time that she could use in restaurants to alert those cooking and serving food. The text was written by a native speaker of the language, was

tailored to the likely allergens to be found in that culture and explained that she had a life-threatening allergy to nuts.

Participants reported that when ordering their food they would either ask the waiter whether the dish had nuts in it, or ask the waiter to inform the chef that they had a nut allergy. Table 2: Quote 5 illustrates that cues provided in the response are then translated into a judgement as to whether the food can be consumed. Examples of important cues provided by the exchange with those serving the food included how aware of allergy issues they seemed to be and their willingness to go and speak to those cooking the food.

While participants frequently talked about communication coping strategies as a way of managing their nut allergies, there was a fine balance between communication and fear of potential social embarrassment from the disclosure of their nut-allergic status. The social embarrassment caused by the need to check whether the food on offer contained nuts was a significant issue. Participants tried to avoid situations in which they felt that their communication would be perceived as causing a fuss or would be drawing unwanted attention to themselves because of their nut allergy, or worse still that they would be seen as a 'fussy eater' (Table 2: Quote 6). The essence of the challenge that participants faced was to find ways of negotiating something very important about which one had to be clear, and thus possibly insistent, and yet do this without attracting undue attention. In attempting to avoid embarrassment or fuss in a restaurant, individuals were sometimes reluctant to mention their nut allergy to restaurant staff – indeed some recounted how they were willing to risk a reaction rather than publicly identify that they had a nut allergy.

It was clear then that although both avoidance and communication strategies were generally aimed at minimizing risk, social considerations around the response of others to their allergy led some NAIs to take actions that they considered to be risky in relation to their allergy.

Another reason NAIs chose not to ask restaurant staff about whether a meal contains nuts is that participants believed staff may be inappropriately risk averse, focusing on their inability to guarantee a nut-free environment. Participants reported that when they informed restaurants about their nut allergy they were often told that the restaurant could not provide any guarantees that their meal would be nut free (Table 2: Quote 7). This was generally considered to be a way of the restaurant 'covering' itself against possible litigation. Participants provided examples of where they were not actually able to take responsibility themselves as either the restaurant refused to serve them due to their nut allergy or would only serve them certain basic food that they felt was 'safe' to eat. Where NAIs perceived over cautiousness on the part of the restaurant, this sometimes made them reluctant to disclose their nut-allergic status to staff (Table 2: Quote 8).

Discussion

This is the first study specifically designed to investigate the experiences and strategies of nut-allergic adults when eating out. It complements the previous quantitative work in this area getting beneath the surface and representing the views and voices of the individual. Food allergy is the main cause of anaphylaxis outside of hospital, and its prevalence is increasing [29]. Most anaphylactic reactions to food occur outside the home [4], 25% while dining at restaurants and 15% while at

school or work. Most fatal reactions occur away from the home environment [5, 15], again, often in restaurants, schools or at work. It is therefore entirely appropriate, as documented in this study and others [9, 12], that NAIs are anxious, and take precautions when eating out.

The current study has provided evidence of avoidance strategies that are adopted, and detailed some of the social factors that constrain willingness to communicate with restaurants about their food requirements. Most participants used appropriate strategies to avoid putting themselves at risk of an allergic reaction. Familiarity was a key strategy. Even restaurants serving high-risk foods were considered as safe when they were familiar. Feeling safe was a function both of knowing the restaurant and also of being known by them. Our results here chime with the observation of Avery et al. [18] who note the salient link between familiarity with restaurants and feelings of safety – even though these positive feelings were in the context of a restricted range of safe places to eat. These observations are also in line with the insights of DunnGalvin et al. [30] who suggest a developmental progression in conceptualizing safe and risky places. Avery et al. [18] also raise the interesting question as to whether the ‘disease related’ anxieties experienced when eating outside the home increase protective behaviours in a proportionate way or if they unhelpfully restrict lifestyle choices. The results from this interview study firstly suggest that the anxieties of NAIs are not simply about potential allergic reactions but importantly also stem from the social implications of disclosing their nut-allergic status. It was clear that many participants were concerned to distance themselves from the notion that they were simply being fussy or picky about what they ate. They did not want others to think that this was the reason for negotiations about the food with restaurant staff. These results go some way to explain the findings of Furlong et al. [31] who conducted interviews with NAIs who had reported having had an allergic reaction following eating out in a food establishment and found that less than half of those who knew about their nut allergy notified the restaurant about their allergy.

The literature in this area relating to the circumstances of allergic reactions suggests that the staff in restaurants and other eating establishments may provide incorrect assurances that there are no nuts in the food. Certainly, these interviews provided clear evidence that participants were aware of this and indeed it was anticipation of this that led to NAIs simply avoiding some restaurants, courses or foods. However, it was equally clear that sometimes NAIs did not ask because they feared a conservative reaction from restaurant staff that would inappropriately and unnecessarily further constrain an already restricted range of food choices.

Reactions when eating out are usually caused by crosscontamination or unexpected ingredients, often ‘hidden’ in desserts or Asian foods [31]. Most reactions in restaurants occur when individuals are eating food they believe to be safe [32]. Peanuts and tree nuts are common ingredients of Asian, Chinese and Mexican cookery [33] and it was appropriate that participants of this study considered these cuisines ‘high risk’.

The reality is that eating out is a high-risk situation for NAIs. The participants in this study mostly demonstrated sensible and pragmatic approaches to avoiding nuts. As demonstrated by the literature and quotes from our participants, these strategies are often ineffective, and accidental ingestion of nuts is not uncommon in restaurants. As many of the participants expressed reservations about more forceful questioning of catering staff, other approaches must be considered to ensure the safety of NAIs. We propose that food safety regulators consider the safety issues

surrounding food allergy on an equal standing with food hygiene. Training and assessment of staff working in food outlets regarding food allergy are essential, as is a requirement for every food outlet to have adequate policies. This should be backed up by monitoring of establishments, with spot inspections of foods declared 'nut free'.

It was clear that participants often did experience their 'eating out lifestyle' as being restricted. However, this was not always linked to anxiety. For many participants such restrictions were simply the way it was. Others expressed a sense of regret that they were unable to be spontaneous about eating out, particularly when abroad. Arguably, the notion of regret is more salient in adulthood; anxiety may be a more salient emotional reaction for children or for parents of children with a nut allergy.

This study builds on previous relevant literature in two main ways. First, it explores the perspective of adults rather than children or adolescents which is the focus of much of the literature in this area. Second, and crucially, it complements the descriptions of the communication patterns between NAIs and restaurant staff with an analysis of the reasons for these. This study confirms that most NAIs use appropriate strategies to avoid reactions. However, participants and the literature concur that reactions occur in restaurants because of language barriers and poor understanding of allergy by restaurant staff. Participants expressed reluctance to be more forceful in their questioning of catering staff, primarily due to the desire 'not to make a fuss'. Research is urgently needed to investigate the most effective way of implementing effective training of catering staff, and policies, including information tools, for use within establishments to ensure the safety of food-allergic customers. Assays to analyze peanut content in foods are already available, but assays for some other food allergens need to be developed.

In the clinical setting, allergists should continue to advise patients of the need for caution when eating in restaurants and other catering establishments. Evidence suggests that Asian food outlets continue to be a particularly high risk for NAIs. Patients should be encouraged to question staff concerning the risk of allergens, and to carry translated information when travelling abroad. Research is needed to develop effective patient training to enhance their ability to negotiate their way around the catering environment and tools that might enhance patients' feelings of self-efficacy, e.g. applications for mobile phones that indicate the location and contact details of the nearest medical help. However, responsibility for improving safety must be shared with the food industry and its regulators.

Avoidance is also part of the essential package. All stages of managing risk from getting diagnosed, knowing what to avoid and how, reading labels, talking to staff, recognizing symptoms, managing emergencies and delivering medication to save a life are fraught with potential weaknesses. None is perfect. Because eating out remains a high-risk situation, patients should be particularly encouraged to have rescue medication on their person.

We also recognize the weaknesses of this study. In particular, we acknowledge that the size of our sample has not permitted us to systematically attend to the possibility of there being important differences between sub-sets of participants (e.g. age, gender, nature of allergy) in their experiences of eating out and the associated strategies and concerns.

In conclusion, we certainly concur with Furlong et al. [31] that 'ongoing restaurant staff and patient food allergy education is needed'. We have seen however, that from the patient perspective, some of these patterns are grounded in legitimate everyday social considerations around embarrassment, choice and spontaneity. Education and training strategies are needed that recognize and take account of this.

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Table 1. Avoidance Quotes

Quote 1	<i>I'd love to eat in Chinese, but I don't eat in Chinese because they use so much nuts and nut oils. Indians, I wouldn't eat in. Yeah, any . . . any like Middle East or Asian food, I don't eat in. (1003, F, Mild)</i>
Quote 2	<i>Things that are really horrible for us are things like desserts in restaurants, because they can have anything in them. Even something like tiramisu that shouldn't have any nuts in it at all, some tiramisu does have nuts in it, because it's got . . . it's got liqueurs in it that are nut-based liqueurs, yeah, which they don't even advertise in it. So it's like, if we're out and about, you know, desserts are a nightmare for me! I tend to not have a dessert. (1069, M, Severe)</i>
Quote 3	<i>We go to (name of holiday village), for instance. Why do we go there? Because they listen, again, because of allergies. They're very, very good there. You can haul the chef out of the kitchen and explain exactly what the allergy is, and they'll do it. They'll cook everything with separate utensils, and they'll even change the menu to accommodate you. So places like that that will go the extra mile to accommodate our allergies, we tend to go with what we know, because we know we're going to be safe there. (1069, M, Severe)</i>
Quote 4	<i>However, it does niggle at your mind all the time, especially in . . . I hate to say this because it always makes me sound so rude, in foreign countries, it's the worst. I went to Italy for three weeks and we went to some nice restaurants, and it took us . . . about three-quarters of an hour just to figure out what I could eat, because obviously there's . . . All I had was my EpiPen and my antihistamine. I didn't . . . there was no local doctors that I knew of that would know . . . well, they would know what to do, but you know what I mean. (4008, M, Severe)</i>
Quote 5	<i>It's more about planning and preparation. If I'm ready for something, I have no problem, but it's taken any spontaneity out of my life really. For example, we were in Cyprus and we were having an orange juice at this cafe', up a mountain in the middle of nowhere, in this tiny little village, and the lady said, 'Oh, shall we have a typical Cypriot lunch here?' I wanted to see what everyone else thought, so I didn't mind, thinking, okay, well, I'll deal with it if I have to, and thankfully, everyone was, 'Oh no, we'll eat later'. But I just couldn't, for a fear of what might happen, and being so remote. So as I say, it's taken all the spontaneity out. (1029, F, Severe)</i>

Table 2. Communication Quotes

Quote 1	<i>The thing that sometimes I'm reluctant to do is, you know, as soon as you mention peanuts, it's making sure that they've got what you're saying, that you're saying that you're allergic and you can't eat nuts, as opposed to 'I want extra nuts,' you know [laughing]! So you feel like . . . sometimes you think it might not be such a good idea to mention it. (1116, F, Severe)</i>
Quote 2	<i>I really love Indian cooking and Chinese cooking, and that's always the ones that are slightly risky, particularly when, if you go to a Chinese restaurant where the staff are themselves trainees and there's a bit of a language barrier, even in the UK. I went to an Indian restaurant and, inconveniently, I really like biryanis, which often have nuts on the top. If I'm not sure about their standard of English, I think, 'Is it worth the risk?' so I'll just choose something else because it's easier than trying to explain that it mustn't have nuts on. So, stupidly – well, wrongly rather than stupidly, I don't know – I decided that I'd go for biriyani and explained it's really important that there were no nuts on my dish. 'Yeah, yes, fine, fine, fine.' My dish came and it was covered in nuts, and I was like, 'I explained I can't eat this.' It's awful! I feel so . . . annoyed, that it's an inconvenience for them, you know, and I should have just not bothered to order it and had something that I knew was not going to have nuts in. So anyway, I said, 'You're going to need to make me a new dish. You can't just scrape it off the top.' So the presentation of the dish with the nuts on was in a triangle heap, sort of on an oblong type plate, and it came back and it had clearly just been sliced off the top! (4001, I, F, Severe)</i>
Quote 3	<i>What do you tend to eat when you're abroad then?</i> <i>I tend to just play it safe. It depends. If I'm with my in-laws, who have very good French, then they'll deal with it for me and they can make sure. If we're on our own, I will just kind of order safe. I just look at the menu and just try and work out and look at it and think, okay, well, that's not going to have any nut ingredients in, or I'm pretty certain, but what I often do is I will just . . . I'll taste a bit. I'll just sit – I'll have a tiny taste and then wait and see, and if it's okay, I'll carry on eating. (5009, F, Severe)</i>
Quote 4	<i>I've got some dietary cards which we've got in different languages, so we will give dietary cards to the person so that they can see . . . they can see in black and white, like really clear, and it just explains on there that I've got a nut allergy and that it's really severe and this is what will happen if I eat anything, and so that normally helps a lot as well, because they're then able to point out what I can't have. (1016, F, Severe)</i>
Quote 5	<i>You know, you know when you're asking a waitress and she'll say, 'Oh yes, I'll ask the chef – we know,' and I kind of rely on people's honesty and gut feel, and if I'm not 100% sure, then I just won't. (4013, F, Severe)</i>
Quote 6	<i>But you do feel like a bit of an idiot. You feel like a bit of a fussy person when you tell people you're allergic to nuts. (3024, F, Severe)</i>
Quote 7	<i>I have been turned away from restaurants, where they won't serve me (. . .) Because even if I say to them 'I am willing to take the risk', they will say, 'No, we know you've got a nut allergy and we can't guarantee, therefore we don't want you eating in our restaurant.' (4013, F, Severe)</i>
Quote 8	<i>Often I say . . . I just say, 'I'm fine with traces of nuts – that's okay.' So I sort of downplay the allergy a bit there, because I have had one place I went to that said to me, 'No, it says it's got traces of nuts, so we won't cook for you,' and all they offered me for dinner was a Ploughman's lunch, so I had to have a Ploughman's lunch for my dinner, and there was no dessert, because they just didn't want me to even kind of take that risk. [. . .] So I do – sometimes, I downplay it if I think that it's . . . I sort of judge the situation. (1116, F, Severe)</i>