

ALLERGY HISTORY QUESTIONNAIRE

Patient Name _____ Age _____ ID _____

Physician _____ Date _____

PLEASE CHECK THOSE ITEMS THAT APPLY TO YOUR ALLERGY CONDITION:

I. Age when symptoms first observed

- 1. Infant (age 0-2)
- 2. Child (age 3-5)
- 3. Child (age 6-12)
- 4. Adolescent (age 13-18)
- 5. Adult (age 18-25)
- 6. Adult (age 26-40)
- 7. Adult (age over 40)

II. Previous diagnosis of allergy

- 1. Yes, and allergy shots help
- 2. Yes, but allergy shots did not help
- 3. Yes, and medication helped
- 4. Yes, but medication did not help
- 5. None

III. Family members with allergic problems

- 1. Mother
- 2. Father
- 3. Sister or Brother
- 4. Grandparents
- 5. None

IV. General medical conditions or Complaints

- 1. Depression
- 2. Anxiety or Tension
- 3. Hyperactivity
- 4. Fatigue, tiredness, weakness
- 5. Headaches or migraines
- 6. Swelling of parts of the body
- 7. High blood pressure
- 8. Stomach or intestinal disease
- 9. Thyroid disease
- 10. Diabetes
- 11. Heart trouble
- 12. Lung problem
- 13. Poor concentration
- 14. Dizziness
- 15. Frequent flu-like symptoms
- 16. None

V. Skin symptoms

- 1. Hives
- 2. Rashes
- 3. Itching
- 4. Once had rashes in bends of elbows or knees
- 5. Above symptoms worse during known pollen season
- 6. Above symptoms worse with animal exposure
- 7. Skin problems are rare
- 8. Skin problems are chronic
- 9. None

VI. Eye Symptoms

- 1. Itching
- 2. Excessive watering
- 3. Redness
- 4. Swelling
- 5. Above symptoms worse during known pollen season
- 6. Above symptoms worse with animal exposure
- 7. Tobacco smoke or chemical exposure makes symptoms worse
- 8. Tobacco smoke or chemical exposure the major cause of symptoms
- 9. None

VII. Ear symptoms

- 1. Itching
- 2. Blocking, fullness or popping
- 3. Hearing loss
- 4. Pain
- 5. Frequent ear infections
- 6. Ear tubes inserted
- 7. Ringing in ears
- 8. None

VIII. Nasal symptoms

- __1. Itching
- __2. Sneezing
- __3. Runny nose – clear discharge
- __4. Frequent nose blowing
- __5. Above symptoms worse during known Pollen seasons
- __6. Above symptoms worse with animal exposure
- __7. Runny nose – cloudy discharge
- __8. Stuffiness
- __9. Post nasal drip
- __10. Frequent sinus infections
- __11. Nasal obstruction
- __12. Loss of smell
- __13. None

IX. Throat and Mouth symptoms

- __1. Itching of the throat or mouth
- __2. Frequent sore throats
- __3. Frequent laryngitis
- __4. Frequent tonsillitis
- __5. Mouth sores
- __6. Swelling of tongue or mouth
- __7. None

X. Chest symptoms

- __1. Asthma or wheezing
- __2. Asthma or wheezing with exercise
- __3. Asthma or wheezing around animals
- __4. Asthma or wheezing during pollen seasons
- __5. Asthma or wheezing around tobacco smoke or chemicals
- __6. Shortness of breath
- __7. Dry coughing
- __8. Wet coughing
- __9. Emphysema
- __10. Frequent bronchitis
- __11. Recurrent pneumonia
- __12. Chest pain
- __13. None

XI. Chronic gastrointestinal symptoms

- __1. Nausea and vomiting
- __2. Diarrhea
- __3. Gas, heartburn
- __4. Cramps or bloating
- __5. Abdominal pain
- __6. Retaste foods
- __7. None

XII. Bone and Joint symptoms

- __1. Joint or bone pain
- __2. Muscle pain
- __3. Redness or swelling of joints
- __4. Joint stiffness, limited motion
- __5. None

XIII. Frequency and severity of allergy symptoms

- __1. Constant, chronic with little change
- __2. Present most of the time
- __3. Present part of the time
- __4. Present rarely
- __5. No interference with normal life
- __6. Slight interference with normal life
- __7. Considerable interference with normal life
- __8. Prevents some normal activities

XIV. Seasons when symptoms are most severe

- __1. All year long
- __2. Spring
- __3. Summer
- __4. Fall
- __5. Winter
- __6. No seasonal pattern

XV. Symptoms are worse

- __1. Outdoors and better indoors
- __2. At night time
- __3. In the bedroom or when in bed
- __4. During windy weather
- __5. During damp or wet weather
- __6. When the weather changes
- __7. During known pollen seasons
- __8. In certain rooms or buildings
- __9. When exposed to tobacco smoke
- __10. With yard work, cut grass, leaves, hay or barns
- __11. When sweeping or dusting the house
- __12. In moldy or mildew areas
- __13. With air conditioning
- __14. In fields or In the country
- __15. Tobacco smoke bothers me more than anything
- __16. Don't know

XVI. Symptoms are better

- 1. After shower or bath
- 2. With air conditioning
- 3. Indoors
- 4. During or after physical activity
- 5. When it rains
- 6. During snowy or icy weather
- 7. After taking antihistamines
- 8. With allergy shots
- 9. Don't know

XVII. Exposure to animals, birds and insects

- 1. Dogs
- 2. Cats
- 3. Horses and cattle
- 4. Rodents (mice, guinea pigs, etc.)
- 5. Rabbits
- 6. Birds or feathers
- 7. Bees
- 8. Other _____
- 9. Cockroaches
- 10. None

XVIII. Animals, insects and birds cause symptoms on exposure

- 1. Dogs
- 2. Cats
- 3. Horses and cattle
- 4. Rodents (mice, guinea pigs, etc.)
- 5. Rabbits
- 6. Birds or feathers
- 7. Bees
- 8. Other _____
- 9. Cockroaches
- 10. None

XIX. Medications used

- 1. Antibiotics
- 2. Aspirin or arthritis medicine
- 3. Antihistamines
- 4. Over-the-counter nasal sprays
- 5. Beta Blockers
- 6. Cromolyn
- 7. Cortisone/steroids
- 8. Decongestants
- 9. High blood pressure medicine
- 10. Theophylline
- 11. Bronchodilator sprays
- 12. Bronchodilator pills
- 13. Birth control pills
- 14. Allergy shots
- 15. Tranquilizer/antidepressants
- 16. None

XX. Other known allergic reactions

- 1. Prescription drugs
- 2. Penicillin
- 3. Sulfa drugs
- 4. Other antibiotics
- 5. Aspirin or arthritis medication
- 6. Pain medicine
- 7. Insect stings
- 8. Immunizations and vaccines
- 9. None

XXI. Smoking habits

- 1. Not a smoker
- 2. Smoke one pack or less per day
- 3. Smoke more than one pack per day

XXII. Food related symptoms

- 1. Symptoms flare 5-60 minutes after meal
- 2. Awaken in the middle of the night with symptoms
- 3. Some foods are craved
- 4. Some foods are addictive
- 5. The smell or odor of some foods increases
- 6. Preservatives, additives, and colors increases symptoms
- 7. Some foods cause nasal
- 8. Some foods cause asthma
- 9. Some foods cause rashes
- 10. Some foods cause headaches
- 11. Some foods cause swelling of mouth or tongue
- 12. Some foods cause upset stomach or vomiting
- 13. Some foods cause diarrhea
- 14. Symptoms occur with _____ salad bar or Asian food
- 15. Symptoms occur with _____ eaten food
- 16. None

XXIII. Foods which causes symptoms within 0-2 Hours

- __1. Eggs
- __2. Milk or Beef
- __3. Wheat
- __4. Corn
- __5. Soybean
- __6. Peanut
- __7. Pork
- __8. Fish
- __9. Shellfish
- __10. Orange or citrus
- __11. Potato
- __12. Tomato
- __13. Yeast
- __14. Chocolate
- __15. Coffee or tea
- __16. Red wine
- __17. Other _____

XXIV. Foods which causes symptoms within 2-24 hours

- __1. Eggs
- __2. Milk or Beef
- __3. Wheat
- __4. Corn
- __5. Soybean
- __6. Peanut
- __7. Pork
- __8. Fish
- __9. Shellfish
- __10. Orange or other citrus
- __11. Potato
- __12. Tomato
- __13. Yeast
- __14. Chocolate
- __15. Coffee or tea
- __16. Other _____

XXV. Chemicals that cause symptoms

- __1. Insecticides and pesticides
- __2. Paints and household cleaners
- __3. Perfumes and cosmetics
- __4. Gasoline or automobile exhaust
- __5. Stove or furnace emissions
- __6. Emissions around factories
- __7. The smell of new fabric or fabric store
- __8. Chemicals in the workplace
- __9. Laundry detergent
- __10. Newsprint
- __11. Air fresheners
- __12. Other _____
- __13. None

Other Information
