

Northeastern Asthma and Allergy Associates, LLC

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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 19-25)
- 6. Adult (age 26-40)
- 7. Adult (over 40)

II.

Previous diagnosis of allergy

- 1. Yes, and **allergy** shots helped
- 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 or 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 trouble
- 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 the bends of elbows or knees
- 5. Above symptoms worse during known pollen seasons
- 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 tonsilitis
- 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 nighttime
- 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 mildewy areas
- 13. With air conditioning
- 14. In fields or in the country
- 15. Tobacco smoke bothers me more than anything else
- 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 or cattle
- 4. Rodents (mice, guinea pigs, etc.)
- 5. Rabbits
- 6. Birds or feathers
- 7. Bees
- 8. Other _____
- 9. None

XVIII. Animals, insects and birds that cause symptoms on exposure

- 1. Dogs
- 2. Cats
- 3. Horses or cattle
- 4. Rodents (mice, guinea pigs, etc.)
- 5. Rabbits
- 6. Birds or feathers

- 7. Bees
- 8. Other _____
- 9. 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 / antidepressant
- 16. None

XX.

Other known allergic reactions

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

XXI. Smoking habits

- 1. Not a smoker
- 2. Age Started _____ Last Cigarette _____
- Number per day _____ TOTAL _____
- 3. Passive Smoking _____

XXII. Food related symptoms

- 1. Symptoms flare 5 to 60 minutes after meals
- 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 symptoms
- 6. Preservatives, additives or food colors increase symptoms
- 7. Some foods cause nasal symptoms
- 8. Some foods cause asthma
- 9. Some foods cause rashes and hives
- 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 restaurant salad bar or Asian foods
- 15. Symptoms occur with any regularly eaten food
- 16. None

XXIII. Foods which cause 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 cause 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 fabrics or fabric store
- 8. Chemicals in the workplace
- 9. Laundry detergent
- 10. Newsprint
- 11. Other _____
- 12. None

Other Information
