

FOR PATIENTS – Allergy Screening Questionnaire

Please help us understand the extent of your allergies and how it is impacting your daily life.

Do you have allergies?

- Not sure
- Yes, self-diagnosed
- Yes, diagnosed by medical provider
- Yes, self-diagnosed & confirmed by medical provider

What kind of allergy or related conditions do you have? (Select all that apply)

- Seasonal pollen allergy like trees, grass, weeds
- Year-round airborne allergy like mold, animals, dust mite
- Food allergy
- More than one food allergy
- Asthma
- Chronic cough lasting weeks or longer
- Wheezing/shortness of breath
- Eczema/chronic skin rashes
- Hives/angioedema (swelling in skin/mucous membranes)
- Sinusitis/chronic sinus infections two or more times/year
- Chronic ear infection two or more times/year
- Eosinophilic esophagitis
- Itchy/red/watery eyes
- Anaphylaxis
- Stinging insects
- Allergy to medications

How are you currently treating your allergies? (Select all that apply)

- Over-the-counter medications like antihistamines, skin creams, etc.
- Prescription medications like inhalers or topical steroids
- Biologics like Dupixent, Xolair, Nucala, Eucrisa
- Immunotherapy – shots, drops or tablets
- Stopped immunotherapy due to reactions
- Avoiding allergy triggers using air filters, pillow/mattress covers, etc.
- Other _____

During the past seven days, how much did your allergy-related problem affect your productivity while you were working?

Think about days you were limited in the amount/kind of work you could do, days you accomplished less than you'd like, or could not do work as carefully as usual.

- Not troubled
- Hardly troubled at all
- Somewhat troubled
- Moderately troubled
- Quite a bit troubled
- Very troubled
- Extremely troubled
- N/A

During the past seven days, how much did your allergy-related issues affect your ability to do regular daily activities other than work at a job or school?

By regular activities, we mean activities like housework, shopping, childcare, exercise, studying, etc.

- Not troubled
- Hardly troubled at all
- Somewhat troubled
- Moderately troubled
- Quite a bit troubled
- Very troubled
- Extremely troubled
- N/A

FOR STAFF USE

Total Score: _____