

ALLERGY SURVEY

Your response are confidential and may assist the physician in accurate treatment.

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| Y | N | Do you have fatigue? |
| Y | N | Do you have frequent headaches? |
| Y | N | Do you have sneezing, post nasal drainage or itching of the nose? |
| Y | N | Do you have frequent colds? |
| Y | N | Do you experience dizziness? |
| Y | N | Do you get sinus infection every year? |
| Y | N | Do your eyes itch, water, get red or swell? |
| Y | N | Do you have recurrent ear infections? |
| Y | N | Do you have asthma, wheezing, tightness in the chest or chronic cough? |
| Y | N | Do you have skin problems such as eczema, skin rashes, itching or hives? |
| Y | N | Do you have indigestion, bloating, diarrhea or constipation? |
| Y | N | Do your symptoms worsen during a particular season, such as the spring or fall? |
| Y | N | Do your symptoms change when you go indoors or outdoors? |
| Y | N | Are your symptoms worse in parks or grassy areas? |
| Y | N | Are your symptoms worse in the bedroom after going to bed, or in the morning upon rising? |
| Y | N | Do you awaken in the middle of the night with congestion? |
| Y | N | Are your symptoms worse when you come into contact with dust? |
| Y | N | Are your symptoms worse around animals? |
| Y | N | Do you have any blood relatives with allergies? |
| Y | N | Do you have any mood swings or feel depressed for no reason? |
| Y | N | Do you have recurrent infections, jock itch, Athletes foot or fungus under your toenails? |
| Y | N | Do you develop symptoms after eating or drinking certain foods? |

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| Y | N | Do you sometimes feel stimulated, hyperactive or fatigued after meals? |
| Y | N | Do you have dark circles under your eyes? |
| Y | N | Do you have a crease across the bridge of your nose? |