



advanced
EAR, NOSE & THROAT
head and neck surgery

Allergy Questionnaire

Please fill in appropriate circles fully

Age when allergies began?

- Infant (0-2 years old)
- Child (3-5 years old)
- Child (6-12 years old)
- Adolescent (13-18 y/o)
- Adult (19-25 y/o)
- Adult (26-40 y/o)
- Adult (over 40)

Have you ever been tested for allergies before?

- Yes No

If yes, What type of testing?

- Skin testing
- Blood testing (MRAST)
- Mold testing

Have you been treated for allergies?

- No
- Yes allergy shots helped
- Yes allergy shots did not help
- Yes medication helped
- Yes medication did not help

Medications used?

- Nasal steroids (Flonase, Nasonex, Rhinocort, etc)
- Over-the Counter Nasal Sprays (Afrin)
- Astellin
- Cromolyn
- Singulair
- Allergra
- Claritin/Clarinx
- Zyrtec
- Over-the-counter nasal sprays
- Salt water nasal spray (Ocean spray)



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Any family members with allergy problems?

- No
- Mother
- Father
- Sister or Brother
- Grandparents

Frequency and severity of allergy problems?

- constant
- present most of the time
- present part of the time
- rarely
- No interference with normal life
- Slight interference with normal life
- Always interfere with normal life

Seasons when problems are most severe?

- No seasonal pattern
- All year long
- Spring
- Summer
- Fall
- Winter