

QUESTIONNAIRE ON ALLERGIES

The symptoms that your child is experiencing may be caused by an allergy. It is possible that your child could be hypersensitive to certain substances in his/her surroundings. This questionnaire may help to identify those substances, which could be in your home, your child's environment or outside. — Please read the following questions thoroughly and answer them as detailed and precisely as possible.

Patient's name _____

Person completing this questionnaire: mother father other person _____

What symptoms have caused you to seek medical attention? _____

Do or did the following symptoms occur:

- | | first appearance | | first appearance |
|--|------------------|--|------------------|
| (1) obstructive bronchitis | _____ | (12) nettle-fever, urticaria | _____ |
| (2) croup cough | _____ | (13) swelling and/or itching of lips/throat;
sore throat (esp. after meals) | _____ |
| (3) infant eczema | _____ | (14) swelling of eyes/eyelids | _____ |
| (4) shortness of breath,
problems in breathing, asthma | _____ | (15) skin itch, eczema, neurodermitis | _____ |
| (5) shortness of breath during effort | _____ | (16) migraine, headaches | _____ |
| (6) cough, dry cough, rpt. bronchitis | _____ | (17) stomach/intestine complaints, e.g.
frequent diarrhea, stomach aches | _____ |
| (7) coughing up slime | _____ | (18) frequent "colds" | _____ |
| (8) sneeze attacks | _____ | (19) inflammation of throat/tonsils | _____ |
| (9) impaired breathing through nose,
chronic congestion of nose | _____ | (20) circulatory problems, dizziness,
vertigo | _____ |
| (10) inflammation of sinuses | _____ | others: _____ | _____ |
| (11) itchy/watery eyes, conjunctivitis | _____ | | |

Does a relative suffer from any of the above mentioned symptoms: (Please fill in number(s))

no mother _____ father _____ other person _____ :

When do your child's symptoms appear:

- varying, not depending on certain seasons
- throughout the whole year
- throughout the whole year, but esp. during following months _____
- during the following seasons _____
- during certain activities _____

Where do your child's symptoms appear:

- in the house,
in the following rooms _____
- in the bed, in the bedroom
- at relative's, friends'
- on meadows, fields
- somewhere else _____
- at certain places: _____

Are the symptoms intensified by:

- | | | | |
|---|--|---|--|
| <input type="radio"/> changes in weather | <input type="radio"/> in stables, in the zoo, in the circus | <input type="radio"/> sweeping, dusting, vacuuming | <input type="radio"/> contact with animals |
| <input type="radio"/> coldness | <input type="radio"/> in humid regions or rooms | <input type="radio"/> making the beds or going to bed | <input type="radio"/> doing hobbies |
| <input type="radio"/> sun, warmth, drought, wind | <input type="radio"/> at the beginning of heating period (September/October) | <input type="radio"/> hot smells, steams, sprays, smoke | <input type="radio"/> physical effort |
| <input type="radio"/> mowing meadows | <input type="radio"/> in dusty rooms | <input type="radio"/> airway infections | |
| <input type="radio"/> near hay or straw | | | |
| <input type="radio"/> cleaning of animal cages or stables | | | |

Do the symptoms completely or partially disappear (for a short time):

- no near the sea in the high mountains in the hot summer
 on rainy days at the weekend at other activities: _____

Is there any contact with animals:

- no dog cat horse guinea-pig rabbit budgerigar parrot
 sheep pig cattle golden hamster mouse, rat
 canary pigeon goat poultry other _____

You are living in:

- city town village
 apartment house with a garden
 farm
 old building new building
 central heating stove heating

Your child's mattresses are made of:

- foamed material spring-interior
 horsehair kapok seaweed
 other: _____

Your blankets are made of: feathers

- down animal wool silk

Your home is:

- dry damp moldy

synthetic fiber other: _____

Does anybody smoke in the vicinity of your child? yes no

Do you have: garden indoor plants/flowers carpets wall hanging
 hides, furs, hunting trophies

Is there indigestibility or dislike of: milk eggs cheese curd cheese cocoa
 chocolate honey fruit juice bread cakes/pastries flour/meal
 meat sausage fish shells crawfish/shrimps instant meals
 tinned food salads onion carrots paprika peas beans
 lentils potatoes tomatoes strawberries lemons oranges apples
 pears apricots peaches bananas pineapples cherries spices
 mayonnaise ketchup beer/wine/sparkling wine red wine tonic water
 hazelnuts walnut Brazil nuts peanuts almonds others: _____

What happens after eating or drinking of one of the above mentioned foodstuff?

Is there a hypersensitivity to some medicine: no yes, to _____

Your child has got allergy test (skin prick test) or RAST before?

no yes, with Dr.: _____ result: _____

Your child has got desensitization therapy ("allergy vaccination") before? no

yes, with Dr.: _____ in yr _____ success: _____ side effects: _____

Have you previously tried to strictly avoid the allergen (avoidance therapy)? no yes

Have any operations been performed on your child no yes, namely:

(pharyngeal) tonsils adenoids nasal septum paranasal sinus polypus

maxillary sinus other: _____ date of operation: _____

Which medications have been used in the past to fight the complaints: _____

_____ success: _____

Is there any other important information that you would like to add to this questionnaire?

