

Patient Allergy Screening Questionnaire

Please help us understand the extent of your allergies and how it impacts your daily life. Select your response below and write the number(s) corresponding with your answer on the line.



Do you have allergies?

- Not sure (0)
- Yes, self-diagnosed (1)
- Yes, diagnosed by medical provider (2)
- Yes, self-diagnosed & confirmed by medical provider (2)

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

- Seasonal pollen allergy like trees, grass, weeds (1)
- Year-round airborne allergy like mold, animals, dust mite (1)
- Food allergy (2)
- More than one food allergy (1)
- Asthma (2)
- Chronic cough lasting weeks or longer (2)
- Wheezing/shortness of breath (2)
- Eczema/chronic skin rashes (2)
- Hives/angioedema (swelling in skin/mucous membranes) (3)
- Sinusitis/chronic sinus infections two or more times/year (2)
- Chronic ear Infection two or more times/year (2)
- Eosinophilic esophagitis (3)
- Itchy/red/watery eyes (1)
- Anaphylaxis (4)
- Stinging insects (1)
- Allergy to medications (1)

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

- Over-the-counter medications like antihistamines, skin creams, etc. (1)
- Prescription medications like inhalers or topical steroids (2)
- Biologics like Dupixent, Xolair, Nucala, Eucrisa (3)
- Allergy Immunotherapy – shots, drops or tablets (1)
- Stopped allergy immunotherapy due to reactions (2)
- Avoiding allergy triggers using air filters, pillow/mattress covers, etc. (2)
- Other _____

For practice use only _____

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 (0)
- Hardly troubled at all (1)
- Somewhat troubled (1)
- Moderately troubled (2)
- Quite a bit troubled (2)
- Very troubled (3)
- Extremely troubled (3)
- N/A (0)

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 (0)
- Hardly troubled at all (1)
- Somewhat troubled (1)
- Moderately troubled (2)
- Quite a bit troubled (2)
- Very troubled (3)
- Extremely troubled (3)
- N/A (0)

For practice use only _____

FOR STAFF USE

Total Score: _____