Suburban Ear, Nose & Throat Associates, Ltd
Allergy Questionnaire

What are your main allergy symptoms (list the 3 most prominent ones), and what are your allergy concerns?
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How often do you experience these symptoms? ____

How long have you been experiencing these symptoms? ___weeks ___months ___years ◯ as long as I remember

When are your symptoms worst? ◯ Year round Seasons: ◯ Fall ◯ Winter ◯ Spring ◯ Summer
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____

Are your symptoms better when away from home or when in any certain places? ◯ No ◯ Yes
If yes, explain____

When/Where do you feel best?____

Are your symptoms worse when: ◯ indoors ◯ outdoors ◯ both ◯ home ◯ work ◯ school

Any previous allergy testing (skin or blood)? ◯ No ◯ Yes If yes, when?___________________________
Any previous allergy therapy (shots or drops)? ◯ No ◯ Yes If yes, when?__________________________

What medicines have helped in the past?____

What medicines have you tried but have not helped?___________________________________

Do your parents/siblings/children have allergies? ◯No ◯Yes If yes, who?__________________________
Do your parents/siblings/children have asthma? ◯No ◯Yes If yes, who?___________________________

Check the items below that seem to aggravate your symptoms:

◯ Grass ◯ Cats ◯ Dogs ◯ Other animals ◯ Cosmetics ◯ House dust
◯ Smoke ◯ Pollution ◯ Perfumes ◯ Mold/Mildew ◯ Basements ◯ Leaves
◯ Anxiety ◯ Odors ◯ Alcohol ◯ Weather changes ◯ Nervous tension ◯ Latex

Anything else that seems to aggravate your symptoms? ◯ No ◯ Yes If yes, what?_____________________
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Any animals in/around the home? ◯ No ◯ Yes If yes, what?___________________________________

Any food allergies? ◯ No ◯ Yes If yes, please list____
Any fruits or vegetables make your mouth or throat itch? ◯ No ◯ Yes If yes, which?_________________

Where do you live? ◯ House ◯ Apartment ◯ Other in: ◯ City/Urban/Suburb ◯ Country/Rural

Is your home carpeted? ◯ No ◯ Yes If yes, which rooms?____________________________________
Is there a basement in your home? ◯ No ◯ Yes
If yes, has there been flooding? ◯ No ◯ Yes Is it a finished basement? ◯ No ◯ Yes
Any mold/mildew in bathrooms/basement/attic/crawlspace/walls? ◯ No ◯ Yes If yes, which?_______________