CUMBERLAND VALLEY ENT CONSULTANTS/ALLERGY DEPARTMENT
Phone 301-714-4388 Fax 301-714-4387

Dr. Michael J. Saylor
Dr. Jarl T. Wathne
Dr. A. Christopher Manilla
Dr. Angela Stonebraker

ALLERGY QUESTIONNAIRE

Date:_____ Patient's Name:_____

Do you have any of the following:

Nasal Congestion?	Y	N
Frequent sneezing?	Y	N
Watery Nasal Discharge?	Y	N
Discolored Nasal Drainage?	Y	N
Nasal Burning?	Y	N
Sinus/Facial Pain?	Y	N
Itchy Nose?	Y	N
Itchy Throat?	Y	N
Itchy, Burning Eyes?	Y	N
Watery Eyes?	Y	N
Red Eyes?	Y	N
Post Nasal Drip?	Y	N
Chronic Headaches?	Y	N
Asthma?	Y	N
Chronic cough?	Y	N
Shortness of breath?	Y	N
Wheezing?	Y	N
Cough with exercise?	Y	N

When did symptoms begin?_____
Do you have a family history of allergy?_____
Do you have any history of sinus problems?_____
Circle which seasons are most difficult for you. **Summer** **Fall** **Winter** **Spring**
Do you have eczema or get other rashes?_____
Do you get hives?_____
Are you allergic to specific foods? Which?_____
_____
Do you have any drug allergies?_____
Do you have excessive fatigue?_____
Excessive gas and indigestion?_____

Patient Name:_____ Account # _____

ENVIRONMENT:

Circle your type of home. **Apartment** **Trailer** **Single Family** **Duplex**
How old is your home?_____
Are you worse in a particular room?_____

Do you have a wood stove or burn wood in a fireplace?	Y	N
Do you have a basement?	Y	N
Is your basement damp or dry?	Y	N
Do you have standing water or leaks in or around your home?	Y	N
Do you have carpet in your bedroom?	Y	N
Do you have curtains in your bedroom?	Y	N
Do you have a feather pillow?	Y	N
Have allergy precautions been taken in the bedroom?	Y	N
Do you get stuffy shortly after you go to bed?	Y	N
Does house cleaning make your symptoms worse?	Y	N
Do you have a library with many old books?	Y	N
Do you have a lot of antique furniture?	Y	N
Do you have a lot of difficult to dust knick-knacks?	Y	N
Are your symptoms better when you go on vacation?	Y	N
Do your symptoms flare-up in: basement?	Y	N
around barns/farms?	Y	N
in the woods?	Y	N
around lakes/marsh?	Y	N
Are your symptoms worse when you go outside in the AM?	Y	N
in the P.M?	Y	N
Do your symptoms get worse when you do yard work?	Y	N
do gardening?	Y	N
Do you have many house plants?	Y	N

Please list indoor pets:_____
Please list outdoor pets:_____
Are there certain areas of the country where your symptoms are worse, or better?_____
What type of work do you do?_____
How many years have you been doing this type of work?_____
What type of hobbies do you enjoy?_____

PLEASE ANSWER THE FOLLOWING QUESTIONS IF PATIENT IS A CHILD:

Was the patient premature of full term?(circle one)

Was the patient a colicky baby?	Y	N
Breast fed?	Y	N
Bottle fed?	Y	N
Is the child in daycare?	Y	N
Does the child have ADD or ADHD?	Y	N

At what age did the patient start solid foods?_____
Does anyone smoke around the child?_____