

Sinus Disorders and Allergy Questionnaire

Date: _____

Name: _____ Current Allergy medicines: _____

SYMPTOMS: (underline)

1. Sneezing
2. Running nose
3. Stuffy Nose
4. Coughing
5. Shortness of Breath
6. Wheezing
7. Headache
8. Fatigue
9. Hives
10. Bloating, Cramps, or Diarrhea
11. Itching of the Eyes, Nose, Ears, or Roof of Mouth
12. Trouble Sleeping (Insomnia)
13. Symptoms Worse: Morning, Afternoon, Evening, Night
14. Symptoms Worse: Summer, Fall, Winter, Spring, Same Year-Round
15. Symptoms Worse With Changes in Weather or Temperature? YES / NO

POLLENS:

1. Warm Weather: Better, Worse, No Difference
2. Better Indoors, Outdoors, No Difference
3. Clear Days: Better, Worse, No Difference
4. Windy Days: Better, Worse, No Difference
5. In Air Conditioning: Better, Worse, No Difference
6. Going From Air Conditioned Room to Outside: Better, Worse, No Difference

DUST:

1. Cold Weather: Better, Worse, No Difference
2. Indoors: Better, Worse, No Difference
3. When Dusting House: Worse, No Difference
4. After Going to Bed: Better, Worse, No Difference
5. When Heating Turned On: Better, Worse, No Difference

MOLDS:

1. Outdoors Between 4:30 to 8:30P.M: Better, Worse, No Difference
2. Mid July to November: Better, Worse, No Difference
3. Damp Places, Low Areas, Camping: Worse, No Difference
4. Moving, Playing on Grass, Golfing: Worse, No Difference

ENVIORNMENT:

1. Worse: In Your Home, At Your Job, No Difference _____
2. Worse In A Certain Room? Which One: _____
3. Worse Around Animals? Which: _____
4. Worse Near Trees or Flowers? List Types: _____
5. Worse Doing Hobbies (i.e. Sewing, Painting, Woodwork, Swimming) _____
6. Do You Have Feather Pillows or Comforter, Sheepskin, Rug exc.? _____
7. Worse Around Tobacco, Perfume, Chemicals etc.? _____
8. Do you Sleep With Windows Opened or Closed? _____
9. Is Your Heating Central, Radiator, Other? _____
10. Is Your Cooling Central, Fan, Air Conditioner, Other? _____
11. Worse After Drinking Water? YES / NO
12. Worse 5 to 60 Minutes After Lunch or Dinner? YES / NO
13. Do You Wake Between 1:00A.M. And 5:00A.M. For No Reason? YES / NO
14. Do You Have Athlete's Foot or Other Fungal Infections? YES / NO
15. Do You Have Pets? YES / NO List: _____