

PATIENT _____ COMPLETED BY _____ DATE _____

Which of the following **symptoms** has the patient had from allergy or infection during the past 6 months ? Please circle the letter or number that applies.

- | | | |
|----------------------------------|------------------------|---------------------------------|
| A. Nasal block | G. Night coughing | M. Frequent headaches |
| B. Excessive nasal mucus | H. Cough on exertion | N. Frequent mouth breathing |
| C. Itching of nose-roof of mouth | I. Wheezing | O. Frequent sore throat |
| D. Excessive sneezing | J. Shortness of breath | P. Frequent "colds" |
| E. Eye itching, redness | K. Exercise limitation | Q. Itchy rashes |
| F. Loss of sense of smell | L. Chest pain | R. Swelling (Face, Hands, Eyes) |

* Go back and place an "X" by the 2 or 3 symptoms which are most frequent or annoying

Please circle one number in **each section** below that most applies to your symptoms

Nasal Symptoms

- 0. Almost never
- 1. Infrequently
- 2. 1-3 months per year
- 3. 1/2 the time
- 4. Constantly

Nasal Symptoms

- 0. Not noticeable
- 1. Noticeable, not a nuisance
- 2. A nuisance-doesn't interfere
- 3. Interferes with activities
- 4. Intolerable

Antihistamines

- 0. Not taken this past year
- 1. Taken infrequently
- 2. Needed 1-3 months per year
- 3. Needed 1/2 the time or more
- 4. Needed daily

Awakening at night with wheeze or cough

- | <u>Past week</u> | <u>Past month</u> |
|------------------|-------------------|
| 0. None | 0. None |
| 1. 1-2 times | 1. 1-5 times |
| 2. 3-4 times | 2. 6-15 times |
| 3. 5-6 times | 3. 16-25 times |
| 4. Every night | 4. Every night |

Wheezy or tight first thing in the A.M.

- | <u>Past week</u> | <u>Past month</u> |
|------------------|-----------------------|
| 0. None | 0. None |
| 1. 1-2 times | 1. 1-5 times |
| 2. 3-4 times | 2. 6-15 times |
| 3. 5-6 times | 3. 16-25 times |
| 4. Every morning | 4. Most every morning |

Wheezing with exertion How far can you (your child) run before wheezing?

- 0. No wheezing with exertion
- 1. 1-2 miles will cause wheezing
- 2. 1/4 -1 mile will cause wheezing
- 3. 1-2 blocks will cause wheezing
- 4. Less than 1 block

When does exertional wheeze occur?

- 0. No wheezing with exertion
- 1. Only with a "cold"
- 2. When windy or smoggy
- 3. With field sports or allergy exposure
- 4. Under most circumstances, unless pre-medicated with inhalent medications.

Missed school/ work past 12 months

- 0. 0-2 days
- 1. 3-10 days
- 2. 11-25 days
- 3. 26-50 days
- 4. 51-days or more

Emergency wheezing

- 0. No Dr. or ER visits
- 1. 1-2 visits
- 2. 3-5 visits
- 3. 6-9 visits
- 4. 10 or more

Wheezing medications

- 0. None taken this past 12 months
- 1. Only 1-4 times past 12 months
- 2. Taken every month or two
- 3. Taken every week or two
- 4. Medications is taken every day

Wheezing this past 12 months. A "NEB" is 1-2 inhaler puffs or other nebulized meds by inhalation

Brief wheezing

- 0. Not at all
- 1. Once or twice
- 2. Every month or two
- 3. Every week or two
- 4. Every day or two

Attacks lasting 2 hours or more

- 0. No attacks at all
- 1. One or two attacks
- 2. 3 or 4 attacks
- 3. Attacks every month or 2
- 4. Attacks every week or 2

My wheezing attacks

- 0. No attacks
- 1. Abate promptly with rest
- 2. Require extra oral meds
- 3. Requires 1-2 nebs
- 4. Requires 3 or more nebs

I consider the above situation (rate each column)

- 0. Very satisfactory
- 1. Satisfactory
- 2. Questionable
- 3. Unsatisfactory
- 4. Very unsatisfactory

- 0. Improving greatly
- 1. Improving
- 2. Holding steady
- 3. Worsening
- 4. Worsening greatly

Number of infections past 12 months

- 0. None
- 1. 1 or 2
- 2. 3 or 4
- 3. About every other month
- 4. About every month

Please circle the number of any of the following statements that are true. Indicate by? If you think any of the questions are confusing or difficult to answer.

PROVOCATION LIST

1. I am bothered by being around grass, like when it is being mowed.
2. I am bothered by certain weeds, trees, or bushes.
3. I am bothered by sweeping in the house, or by being in a dusty house.
4. I am bothered by being around cats or being in houses where they are kept.
5. I am bothered by being around dogs or being in houses where they are kept.
6. I am bothered by being around birds, or small animals or being in houses where kept.
7. Certain foods cause headaches, hives or definite wheezing.
8. Strong odors of perfumes cause a definite reaction.
9. Winds, especially Santa Ana Winds, cause a very stuffy nose, tight chest or wheezing.
10. Spring is the worst season of the year.
11. Fall is the worst season of the year.
12. Fog, dampness, and increased humidity cause trouble.
13. Cold weather causes trouble.
14. I seem to generally be worse inside the house.
15. I seem to generally be worse outside the house.
16. I am chronically bad without let up. All seasons and places are about the same.
17. Aspirin can cause wheezing, hives, or nasal congestion.
18. Certain medicines can cause a severe reaction.
19. Exercise or play will cause definite cough or wheezing.
20. A cold will regularly cause a prolonged cough or wheeze.
21. Smog causes a definite tight chest or wheezing.
22. Laughter causes coughing or wheezing.
23. Emotional upsets can cause a definite wheeze.
24. Heavy, rich, spicy meals can cause wheezing.
25. The wheeze is worse at night or first thing in the morning.
26. Lying down is likely to increase the wheezing.
27. Allergy injections can cause definite increased nasal symptoms or wheezing.
28. I can't think of anything that makes me any worse.
29. I can't think of any time of year or any place where I am any better.

IMPROVEMENT LIST

30. Summers are good; symptoms definitely improve.
31. Going to the beach can help to clear my nose or chest, even if I stay out of the water.
32. Going to the mountains can help to clear my nose or chest.
33. Going to the desert can help clear my nose or chest.
34. Air conditioning and electrostatic filtration benefits my nose or chest.
35. A steady rain will clear the air, and make me better.
36. Vacations can help to clear my nose or chest.
37. Winds seem to blow away the trouble and help the chest.
38. Winter is the best time of the year.

PATIENT _____ COMPLETED BY _____ DATE _____

Please circle the number of any of the following statements that are true. Indicate by? if you think any of the questions are confusing or difficult.

1. I have a definite cough or wheeze from exercise.
2. I have much of my trouble at night when in bed, or first thing in the A.M.
3. We have a dog or cat which is allowed into the house.
4. We have a bird in the house.
5. There are unencased mattresses or boxsprings in my bedroom.
6. My encasings are torn, or I often sleep in a bed with no encasings.
7. An old carpet is on the floor in my bedroom.
8. The forced air vent in by bedroom is not sealed.
9. People are allowed to smoke in the house daily.
10. I mow the lawn, or frequently help with the gardening.
11. Injections seem to cause trouble predictably.
12. I was doing better early in the treatment, then started to do worse.
13. There is a food or foods I avoid eating.
14. I am bothered by certain foods, but occasionally eat them anyway.
15. I eat a lot of starch and sweets (candy, cookies, sugar, desserts).
16. I get headaches more often than once a month.
17. I get stomachaches more often than once a month.
18. I frequently feel fatigued or achey and am told I'm irritable.
19. I seem to be a bit sick most of the time.
20. I teach school, or otherwise supervise groups of small children.
21. I smoke cigarettes, cigars, or a pipe.
22. I have regular contact with several small children who are often sick.
23. I seem to catch colds easily, and get very sick from them.
24. I often have a sore throat, or have tonsillitis repeatedly.
25. I'm told I snore at night all of the time.
26. My nose is chronically blocked, and I can rarely breathe through it.
27. I frequently blow yellow mucus from my nose, or cough up yellow mucus.
28. I have a chronic cough that rarely goes away.
29. I have a hard time remembering to take my medicine.
30. I have coughed up blood.
31. I have been having worrisome pain in my chest.
32. I use a medihaler, bronkometer, or some other type of hand inhaler.
33. I take nose drops regularly.
34. I have choked on an object in my mouth, like a peanut, and may have inhaled it.
35. I have lost weight recently, even though I try to eat.

Describe yourself (patient) when you are **at your best** (nose, cough, wheeze, etc.)