

DR. NOFSINGER'S ALLERGY QUESTIONNAIRE

NAME _____

DATE _____

RATE THE SEVERITY OF YOUR ALLERGY SYMPTOMS:

| | N/A | 1 | 2 | 3 | 4 | 5 |
|-------------------------|----------------|------|------|----------|--------|------------|
| | not applicable | rare | mild | moderate | severe | unbearable |
| EARS | | | | | | |
| PRESSURE | | | | | | |
| POPPING | | | | | | |
| PAIN | | | | | | |
| RINGING | | | | | | |
| HEARING LOSS | | | | | | |
| DIZZINESS | | | | | | |
| ITCHY EARS | | | | | | |
| NOSE | | | | | | |
| SNEEZING | | | | | | |
| ITCHING | | | | | | |
| CONGESTION | | | | | | |
| POST NASAL DRAINAGE | | | | | | |
| RUNNY NOSE | | | | | | |
| POOR SENSE OF SMELL | | | | | | |
| FACIAL PAIN/PRESSURE | | | | | | |
| HEADACHE | | | | | | |
| THROAT | | | | | | |
| THROAT CLEARING | | | | | | |
| ITCHING | | | | | | |
| HOARSENESS | | | | | | |
| COUGH | | | | | | |
| THROAT PAIN | | | | | | |
| BAD BREATH | | | | | | |
| ASTHMA | | | | | | |
| WHEEZING | | | | | | |
| GASTROINTESTINAL | | | | | | |
| BLOATING | | | | | | |
| DIARRHEA | | | | | | |
| CRAMPING | | | | | | |
| CONSTIPATION | | | | | | |
| BURPING | | | | | | |
| NAUSEA | | | | | | |
| GENERAL | | | | | | |
| FATIGUE | | | | | | |
| SKIN | | | | | | |
| ITCHING | | | | | | |
| RASH | | | | | | |

Please turn over and complete the second page.

DR. NOFSINGER'S ALLERGY QUESTIONNAIRE

NAME _____

DATE _____

RATE THE FREQUENCY OF ALLERGY SYMPTOMS:

| | N/A | 1 | 2 | 3 | 4 | 5 |
|-------------------------|----------------|--------|---------------------|--------------------|------------------|------------|
| | Not applicable | rarely | few days each month | few days each week | almost every day | Constantly |
| EARS | | | | | | |
| PRESSURE | | | | | | |
| POPPING | | | | | | |
| PAIN | | | | | | |
| RINGING | | | | | | |
| HEARING LOSS | | | | | | |
| DIZZINESS | | | | | | |
| ITCHY EARS | | | | | | |
| NOSE | | | | | | |
| SNEEZING | | | | | | |
| ITCHING | | | | | | |
| CONGESTION | | | | | | |
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| HEADACHE | | | | | | |
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| THROAT CLEARING | | | | | | |
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| HOARSENESS | | | | | | |
| COUGH | | | | | | |
| THROAT PAIN | | | | | | |
| BAD BREATH | | | | | | |
| ASTHMA | | | | | | |
| WHEEZING | | | | | | |
| GASTROINTESTINAL | | | | | | |
| BLOATING | | | | | | |
| DIARRHEA | | | | | | |
| CRAMPING | | | | | | |
| CONSTIPATION | | | | | | |
| BURPING | | | | | | |
| NAUSEA | | | | | | |
| GENERAL | | | | | | |
| FATIGUE | | | | | | |
| SKIN | | | | | | |
| ITCHING | | | | | | |
| RASH | | | | | | |