Willamette ENT Allergy Center

My Symptoms

Patient name _____ Date _____

QUESTION	Least often -------- Most often					
Nose	n/a	1	2	3	4	5
Stuffy Nose, Congestion						
Sneezing						
Itching						
Clear colorless drainage						
Thick colored discharge						
Eyes						
Red						
Itchy watery eyes						
Dark circles, puffiness						
Sinus						
Headaches						
Postnasal drainage						
Throat clearing and sniffing						
Number of sinus infections (In the last 12 months)						
Ears						
Itching/flaking						
Full/popping						
Frequent infections						

QUESTION	Least often -------- Most often					
Chest	n/a	1	2	3	4	5
Tightness/congestion						
Wheezing (asthma)						
Dry cough						
Bronchitis						
Skin						
Rash						
Hives/itching						
Eczema/swelling						
Throat						
Sore throat						
Hoarseness						
Itching of Mouth or Throat						
Other						
Recurrent yeast infections						
GI symptoms/gas/heartburn						

TRIGGERS

Triggers may cause your symptoms to occur or make them worse.

Select each trigger that applies to you.

- ☐ Mowing lawn/yard work
- ☐ Pollen
- ☐ Damp areas
- ☐ Cats
- ☐ Feathers
- ☐ Wet weather
- ☐ Windy Day
- ☐ Cold day
- ☐ Air pollution
- ☐ Chemical fumes
- ☐ Cleaning agents
- ☐ Indoors
- ☐ At homes
- ☐ Morning
- ☐ Night
- ☐ Beer
- ☐ Stress
- ☐ Foods
- ☐ Vacuuming/house dust
- ☐ Mold or mildew
- ☐ Dogs
- ☐ Horses
- ☐ Weather change
- ☐ Dry weather
- ☐ Hot days
- ☐ Air conditioning
- ☐ Perfume
- ☐ Smoke
- ☐ Newspaper
- ☐ Outdoors
- ☐ At work
- ☐ Afternoon
- ☐ Alcohol
- ☐ Wine
- ☐ Latex
- ☐ Exercise

VERSION 3
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