

Allergy Symptom Questionnaire

Please rate your symptoms:

0 – Never have the symptom

1 – Occasionally have the symptom

2 -- Frequently have the symptom

Circle if the symptom is severe

HEAD

- Headaches
- Faintness
- Dizziness
- Insomnia

DIGESTIVE TRACT

- Nausea/vomiting
- Diarrhea
- Constipation
- Bloating
- Belching/passing gas
- Heartburn
- Intestinal/stomach pain

JOINTS/MUSCLE

- Weakness
- Joint pain
- Arthritis
- Muscle pain
- Stiffness in joints

EYES

- Watery or itchy eyes
- Swollen, red eyelids
- Bags or dark circles
- Blurred, tunnel vision

EARS

- Itchy ears
- Earaches, ear infections
- Drainage from ear
- Ringing in ears
- Hearing loss

NOSE

- Stuffy nose
- Sinus problems
- Hay fever
- Sneezing attacks
- Excessive mucus

WEIGHT

- Underweight
- Food cravings
- Water retention
- Compulsive eating
- Binge eating/drinking
- Excessive weight

SKIN

- Acne
- Hives, rashes, dry skin
- Hair loss
- Flushing, hot flashes
- Excessive sweating

MOUTH/THROAT

- Chronic cough
- Frequent throat
- Sore throat, hoarseness
- Swollen gums, lips
- Canker/cold sores

ACTIVITY/ENERGY

- Restlessness
- Fatigue/sluggishness
- Apathy/lethargy
- Hyperactivity

HEART

- Rapid heartbeat
- Chest pain
- Irregular heartbeat

LUNGS

- Asthma/bronchitis
- Shortness of breath
- Difficulty breathing
- Chest congestion

MIND

- Poor memory
- Confusion
- Poor concentration
- Stuttering or stammering
- Slurred speech
- Difficulty making decisions

EMOTIONS

- Anxiety, fear
- Anger, irritability
- Depression
- Mood swings

OTHER

- Frequent/urgent urination
- Genital itch, discharge
- Frequent illness