Allergy questionnaire

1. Does or did any member of your family suffer from allergic conditions such as asthma, hay fever or eczema
   Mother: ______________________________________
   Father: ______________________________________
   Child/Sibling: _________________________________
   □ Yes      □ No

2. Has your child been tested for allergies before?
   If yes, when and with which results?
   _____________________________________________
   □ Yes      □ No

3. Has your child been medically treated for allergies (i.e. with inhalation, vaccination or ointments)?
   If yes, which?
   _____________________________________________
   □ Yes      □ No

4. Do these symptoms occur at specific times of year or occasions (caused by sports, infections, food)
   If yes, which?
   _____________________________________________
   □ Yes      □ No

5. Do you have any pets?
   If yes, which?
   _____________________________________________
   □ Yes      □ No

6. Is there carpet in your child’s room?
   □ Yes      □ No

7. Are there damp walls in your home?
   □ Yes      □ No

8. Does anybody smoke in your home?
   □ Yes      □ No

If there is not enough space for your answers, please use the other side of this sheet.