

# What are *your* allergic triggers?

**Allergies could be making your symptoms worse.**

Please answer the following questions.  
Then hand this questionnaire to your doctor.

Which of the following symptoms do you experience?  
(Check the boxes that apply.)

Congestion  Sneezing  Coughing  Wheezing

Are you experiencing any of these symptoms today  
(congestion, sneezing, coughing, and wheezing)?

Yes  No

Do these symptoms disturb your sleep?

Yes  No

If so, how often? \_\_\_\_\_

**Complete this questionnaire and then ask your healthcare provider about a simple test that lets you know your IgE.**

**Taking this action to learn if you have allergies gives you and your healthcare provider the ability to better manage your symptoms.**

Do you miss any work, school, or normal daily activities as a result of your symptoms?

Yes  No

Do you think you have allergies?

Yes  No

If yes, what do you think your allergic triggers might be? (Check the boxes that apply.)

- |  |  |
|--|--|
| <input type="checkbox"/> Pets (cat or dog) | <input type="checkbox"/> House dust mite |
| <input type="checkbox"/> Tree pollen       | <input type="checkbox"/> Cockroach       |
| <input type="checkbox"/> Grass pollen      | <input type="checkbox"/> Mold            |
| <input type="checkbox"/> Weed pollen       |  |



CAT DANDER



DUST MITE



OAK

