

Interview Sheet (Pollinosis · Nasal allergy) ID No: _____

Written on year month day

N a m e		S e x	male · female	weight		kg
Address	Zip. Code 〒 -	Birth date	y m d			
		T e l	()	—		
		Cellular phone	()	—		

- ① **When did your troubles of nose start?**
 days ago · weeks ago · months ago · not yet started this year
- ② **How long are you troubled with pollinosis or nasal allergy**
 years ago · since childhood · this is the first year · others ()
- ③ **When do you have sneezing , running nose, stuffiness of nose ?**
 Jan., Feb., Mar., Apr., May, June, July, Aug., Sep., Oct., Nov., Dec. others ()
 spring · fall · rainy season(late June-July) · winter · change of seasons · year around ·
- ④ **How often do you sneeze a day?**
 None · 1-5times · 6-10times · 11-20times · more than 21times
- ⑤ **How often do you blow your nose?**
 None · 1-5times · 6-10times · 11-20times · more than 21times
- ⑥ **How severe is your stuffiness of nose?**
 1) none 2) no mouth-breathing 3) sometime breathe through mouth
 4) most of the day breathe through mouth 5) completely blocked nose
- ⑦ **How far is you life affected by your nasal troubles?**
 1) none 2) some difficulty 3) great difficulty 4) hardly bearable 5) completely unbearable
- ⑧ **Which do you suffer more, nasal discharge or stuffed nose?**
 nasal discharge, stuffed nose , both
- ⑨ **What time of the day do your nasal troubles get worse?**
 morning · daytime · evening · when go to bed · during sleep · always · others ()
- ⑩ **Please write down the drugs for your past or present diseases or nasal disease.**
 1) now taking 2) used to take oral medication ()
 nasal spray () eye drops ()
- ⑪ **Do you easily become sleepy after taking drugs for colds or nasal allergy?**
 1) no 2) rather become sleepy 3) easily become sleepy 4) do not know
- ⑫ **Have you ever had allergy test? If so, what kind of allergy was it?**
 1) No 2) Yes ()
- ⑬ **Please let us know what you would to tell us about treatment, lab tests, or drugs ?**
 ()
- ⑭ **How did you find our clinic? If you do not mind please help us.**
 1) heard of us from your family or relatives 2) from your friend (Mr. or Ms.)
- ⑮ **How did you find out our clinic? If you do not mind please let us know.**
 1) heard of us from your family or relatives 2) from your friend (Mr. or Ms.)
 3) consultation from other clinic (clinic or hospital) 4) Homepage
 5) signboard of entrance 6) signboard in railway stations 7) neighborhood 8) telephone directory
 9) others ()