Nasal IgE in subjects with allergic and non-allergic rhinitis

DA	TE OF BIR	TH:				
INNITIALS:						
STUDY NR.:						
1.	SEX:	MALE	FEMALE			
2.	AGE					
3.	HEIGHT					
4.	WEIGHT					
5.	CURRENT FORM OF EMPLOYMENT					
		full-time em part-time en student/pup retired unemployed homemaken others:	nployment bil			

6. Do you recurrently have one of the following symptoms or diseases or did you have them during the pollen season (March-July) *please cross of if applicable*

Diagnosis verified	Use of prescription
by physician?	drugs?

asthma chronic bronchitis/ emphysema hay fever anxiety or depression migraine skin rash or skin allergy other allergy cold / rhinitis sore throat sinusitis pneumonia sneezing runny nose blocked nose

Diagnosis verified by physician? Use of prescription drugs?

fatigue sore eyes/ watery eyes

perineal (all year around) only during pollen season (March-July)

7. Do you recurrently have wheezing breathing noises or did you have them during the pollen season (March-July) *please cross of if applicable*

perineal (all year around) only during pollen season (March-July)

yes, during physical exercise yes, during coughs and sneezes yes, also without coughs and sneezes yes, at night yes, when confronted with cold air no wheezing breathing noises

8. Do you recurrently have a dry cough or did you have it during the pollen season (March-July) *please cross of if applicable*

perineal (all year around) only during pollen season (March-July)

yes, during physical exercise yes, during coughs and sneezes yes, also without coughs and sneezes yes, at night yes, when confronted with cold air no dry cough

9. Do the following substances cause physical complaints please cross of if applicable

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certain foods pollen dust/ house dust mite pets/ animals others ______ no physical complaints

10. Nose:

please cross of if applicable how much the following symptoms affected you in your daily life

perineal (all year around) only during pollen season (March-July)

not at all slightly slightly-moderate moderate quite a lot severely Blocked nose

Runny nose

Sneezing

Itchy nose

11. Eyes:

please cross of if applicable how much the following symptoms affected you in your daily life

perineal (all year around) only during pollen season (March-July)

not at all slightly slightly-moderate moderate quite a lot severely ltchy eyes

Watery eyes

Sore eyes

Swollen eyes

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12. Medication:

please cross of if applicable if you took any medication regarding the a.m. symptoms

perineal (all year around) only during pollen season (March-July)

None yes, for hay fever yes, for asthma yes, for allergy yes, for ______

please cross of if applicable the type and frequency oft the medication you took

never 2 times 3-4 times 5-8 times 9-12 times 12-16 times > 16 times Antihistamines

Eye drops

Nose spray

 β_2 mimetic

inhalative cortisol