

Nasal IgE in subjects with allergic and non-allergic rhinitis

DATE OF BIRTH: \_\_\_\_\_

INITIALS: \_\_\_\_\_

STUDY NR.: \_\_\_\_\_

1. SEX:      MALE       FEMALE

2. AGE \_\_\_\_\_

3. HEIGHT \_\_\_\_\_

4. WEIGHT \_\_\_\_\_

5. CURRENT FORM OF EMPLOYMENT

- full-time employment
- part-time employment
- student/pupil
- retired
- unemployed
- homemaker
- others: \_\_\_\_\_

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*

	<i>Diagnosis verified by physician?</i>	<i>Use of prescription drugs?</i>
<input type="checkbox"/> asthma	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> chronic bronchitis/ emphysema	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> hay fever	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> anxiety or depression	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> migraine	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> skin rash or skin allergy	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> other allergy	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> cold / rhinitis	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> sore throat	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> sinusitis	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> pneumonia	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> sneezing	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> runny nose	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> blocked nose	<input type="checkbox"/>	<input type="checkbox"/>

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	<i>Diagnosis verified by physician?</i>	<i>Use of prescription drugs?</i>
<input type="checkbox"/> fatigue	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> sore eyes/ watery eyes	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> perineal (all year around)		
<input type="checkbox"/> 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*



