

Allergen Epidemiology Questionnaire for Allergic Diseases in China

1. Patient name:

Clinic number:

Telephone:

2. Age: _____ (year)

3. Sex:

male female

4. Ethnic:

Han Uighur Tibetan Hui other _____

5. Place of residence

_____ province _____ city _____ district

6. Birth mode:

vaginal caesarean section

7. Does anyone in your home smoke?

yes no

8. Has your father ever suffered from the following diseases? (multiple choice)

allergic rhinitis bronchial asthma eye allergies food allergy
 allergic dermatitis none other _____

9. Has your mother ever suffered from the following diseases? (multiple choice)

allergic rhinitis bronchial asthma eye allergies food allergy
 allergic dermatitis none other _____

10. Have you ever experienced an itchy, stuffy or sneezing nose due to contact with grass, trees or flowers?

yes no

11. Rhinitis Control Score

• Has your allergic rhinitis affected your work/study or recreational/social activities in the past two weeks?

always very often rarely never

- Has your allergic rhinitis bothered you in the past two weeks?
 always very often rarely never
- Has your allergic rhinitis affected your sleep in the past two weeks?
 always very often rarely never
- In the past two weeks, have you needed any other treatment than your doctor prescribed for your allergic rhinitis?
 ≥ 4 times / week 2-3 times / week 1 times / week total 1-2 times never
- How have you evaluated your allergic rhinitis in the past two weeks?
 no control at all slight control partial control good control full control

rhinitis control total score (25): ____

(fill in the total score of the above five questions)

12. Have you ever had trouble in breathing, wheezing, nighttime chest tightness, shortness of breath, or coughing from touching grass, trees, or flowers?

yes no

13. Asthma Control Score

- How often did asthma prevent you from carrying out your daily activities at work, school or at home during in the past 4 weeks?
 always very often rarely never
- How many times have you had difficulty in breathing in the past 4 weeks?
 >1 time / day 1 time / day 3- 6 times / week 1 to 2 times / week never
- In the past 4 weeks, how many times have you woken up at night or earlier than usual because of asthma symptoms (wheezing, coughing, difficulty breathing, chest tightness or pain)?
 ≥ 4 nights / week 2 to 3 nights / week 1 time / week 1 to 2 times / month never
- In the past 4 weeks, how many times have you used rescue medication (such as albuterol)?
 ≥ 3 times / day 1-2 times / day 2-3 times / week ≤ 1 time/week never
- How have you evaluated your asthma in the past 4 weeks?
 no control at all slight control partial control good control full control

asthma control total score (25): ____

(fill in the total score of the above five questions)

14. When was the house you live in now built?

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Hospital: _____ Patient's diagnosis (tick): asthma allergic rhinitis asthma and allergic rhinitis Number: _____

15. What does the house you live in look like?

less high residence (<9 floor) mid-high-rise residence (≥ 9 floor)

16. What region have you lived in?

urban area rural area

17. Do you often see cockroaches in your home (see cockroach activity every month)?

yes no

18. Do you have air conditioning in your home?

yes no

19. What is your living room floor material?

tile or cement wood material composite material carpet

20. What is your pillow material?

synthetic materials cotton sponge plant feather

21. What is your quilt material?

synthetic materials cotton blanket other material