Allergy & Asthma Self-Reporting Worksheet

Provided by: Allergic Disease and Allergy Center
Website: https://allergicdisease.com

Check symptoms you've experienced recently and rate their severity (1 = mild, 5 = severe).

☐ Sinus symptoms (snap, crackle, pop, drip, itch, clog)	Severity (1–5): _____
☐ Post-nasal drip (fluid in back of throat)	Severity (1–5): _____
☐ Swollen tongue, throat, lips	Severity (1–5): _____
☐ Itchy ears, mouth, nose, face or body	Severity (1–5): _____
☐ Eye irritation (itchy, runny, more eye styes)	Severity (1–5): _____
☐ Sneezing	Severity (1–5): _____
☐ Wheezing	Severity (1–5): _____
☐ Coughing	Severity (1–5): _____
☐ Headache or migraines	Severity (1–5): _____
☐ Itchy skin (external or under ribs)	Severity (1–5): _____
☐ Hives, rashes, or mystery bumps	Severity (1–5): _____
☐ Fingernail changes (e.g. ripples)	Severity (1–5): _____
☐ Stomach discomfort (gas, bloating)	Severity (1–5): _____
☐ Daytime sleepiness	Severity (1–5): _____
☐ Nighttime wakefulness (itching, congestion)	Severity (1–5): _____
☐ Herpes flares or new spots (e.g. inside mouth)	Severity (1–5): _____

Notes or Patterns Observed: