HOW TO PREPARE FOR YOUR FIRST CONSULTATION

When you experience symptoms of allergic rhinitis (hay fever), it is important to talk to your healthcare provider to receive a correct diagnosis, a treatment plan and/or a referral to a specialist for further evaluation.

Our document will help you get ready to make the most of your first consultation with your healthcare provider. For many patients, having a companion with you at your consultation can be helpful. They may assist in asking all the questions you might have and help in remembering and noting down all the important details discussed with your doctor.

Also, if you're feeling overwhelmed, having someone with you may provide that much-needed emotional support and help calmly process the information.

BEFORE your first consultation

1 Information about your lifestyle

Understanding your lifestyle is crucial in identifying potential causes of your symptoms.
Please circle the answer that best reflects your lifestyle.

Do you smoke/vape?	Yes – Formerly – Never
Do you drink alcohol on a daily basis?	Yes - No
Do you use recreational drugs?	Yes - No
Do you have pets?	Yes – No
What do you do for work?	_____
What are your hobbies?	_____

2 Exploration allergy history

To help us understand your allergy risk, please indicate whether **anyone in your biological family** is known to have:

- ◯ **Food allergy**
- ◯ **Eczema (atopic dermatitis)**
- ◯ **Hay fever (allergic rhinitis)**
- ◯ **Asthma**

As an **infant/child/adolescen**t, were you **affected by**:

- ◯ **Food allergy**
- ◯ **Eczema (atopic dermatitis)**
- ◯ **Hay fever (allergic rhinitis)**
- ◯ **Asthma**

3 How have I been feeling?

On a scale of 0 to 10, please indicate with a vertical line how bothersome your nasal/eye symptoms have been in the past week:

Example:

Not at all bothersome — Very bothersome

Your evaluation:

Not at all bothersome — Very bothersome

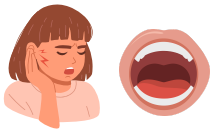
Your doctor might request that you fill out additional questionnaires before your appointment to evaluate how your symptoms have evolved with your current treatment.

BEFORE your first consultation

4 Symptoms

Below is a list of symptoms you may be experiencing. For each symptom, please rate its severity over the past week on a scale of 0 to 3 (legend at the bottom).

In addition, please indicate how often each symptom occurs: never, after a specific exposure, during certain months, or every day.

Symptom	How difficult has it been over the past week? *(please make a cross over the number that better rates your symptoms)*	Symptom frequency
 Nasal congestion	0 1 2 3	◯ Never ◯ After being exposed to: _____ ◯ During specific months of the year ◯ Daily
 Runny nose	0 1 2 3	◯ Never ◯ After being exposed to: _____ ◯ During specific months of the year ◯ Daily
 Sneezing	0 1 2 3	◯ Never ◯ After being exposed to: _____ ◯ During specific months of the year ◯ Daily
 Nasal itch	0 1 2 3	◯ Never ◯ After being exposed to: _____ ◯ During specific months of the year ◯ Daily
 Red, watery and/or itchy eyes	0 1 2 3	◯ Never ◯ After being exposed to: _____ ◯ During specific months of the year ◯ Daily
 Itchy ears and/or palate	0 1 2 3	◯ Never ◯ After being exposed to: _____ ◯ During specific months of the year ◯ Daily

0 **No symptoms** 1 **MILD** (symptoms present but easily tolerated) 2 **MODERATE** (symptoms present and bothersome, but tolerable) 3 **SEVERE** (symptoms present and interfering with activities of daily living and/or sleep

BEFORE your first consultation

Which triggers seem to make your symptoms worse?

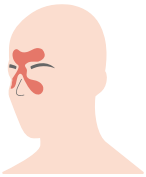
Below is a list of potential triggers that make your symptoms worse. Please check all relevant boxes.

- ◯ Cigarette smoke/vaping/wood-burning smoke
- ◯ Strong odors, dust, chemicals or fumes (at home or work)
- ◯ During exercise
- ◯ Respiratory infections (colds, the flu, COVID-19, ...)
- ◯ Weather changes/extreme temperatures (hot or cold)/windy or stormy weather
- ◯ Severe air pollution
- ◯ Exposure to pollen or other allergens (animals/mould/...)
- ◯ Stress/strong emotions
- ◯ When eating specific foods
- ◯ When taking certain medications
- ◯ When drinking alcoholic beverages
- ◯ When exposed to: _____
- ◯ Other trigger(s): _____

BEFORE your first consultation

Other symptoms

Check the box if you have any of the following symptoms:



Headache, Facial pain/pressure ☐

Loss of smell ☐

Mucus dripping into the back of the throat ☐

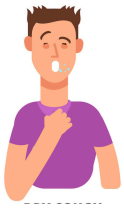
Snoring ☐

Eczema ☐

Chest tightness ☐

Wheezing ☐

Shortness of breath ☐



Long-term cough ☐

Ear ache or reduced hearing ☐

Swelling in the mouth ☐

Tiredness ☐

Gut pains ☐

Rash ☐

Feeling ill ☐

Other?

_____

_____

_____

5 My medical history

Please indicate any medical conditions that apply to you by ticking the appropriate boxes below. This includes any current conditions or those you have experienced in the past.

- **Airway diseases** (chronic rhinosinusitis, nasal polyp syndrome, pneumonia, chronic bronchitis, emphysema, chronic cough, use of a C-PAP machine...) ◯
- **Cardiovascular disease** (high blood pressure, high cholesterol, heart arrhythmia, heart failure...) ◯
- **Musculoskeletal disorders** (osteoporosis, osteoarthritis, ...) ◯
- **Hormonal disorders** (diabetes, thyroid disorders, adrenal problems) ◯
- **Gastrointestinal disease** (gastroesophageal reflux, gastric ulcers, hepatitis) ◯
- **Skin disease** (atopic dermatitis/eczema, urticaria, psoriasis) ◯
- **Kidney disease** (renal insufficiency, chronic kidney disease) ◯
- **Eye disease** (cataract, glaucoma, allergic conjunctivitis, dry eye syndrome) ◯
- **Neurological disorders** (epilepsy, migraine, stroke, multiple sclerosis) ◯
- **Mental health conditions** (anxiety disorder, depression, addiction) ◯
- **Cancer or tumours** (benign, malignant or unknown) ◯
- **Auto-immune disorders** (lupus, sarcoidosis, Crohn's disease, granulomatosis with polyangiitis/GPA (formerly Wegener's granulomatosis), rheumatoid arthritis, Sjogren's syndrome, eosinophilic granulomatosis with polyangiitis (EGPA; formerly Churg–Strauss), ...) ◯
- **Other disease(s):** ..... ◯

6 My medication overview

Please list all the medications and supplements you are currently using. This includes not only tablets but also liquids such as nasal sprays, syrups, eye drops, inhalers, and topical treatments (creams, ointments), as well as any other forms of medication. Be sure to include both **prescription medications and any over-the-counter treatments** (those you buy without a prescription), as well as any supplements you use.
If you observe symptoms after taking a specific medication, please do not forget to note this in your medication diary.

Example:

Medication name	Reason	Dose unit	When, how much I take
Paracetamol	Pain management	1g	Max. 3 times per day 1 tablet
Hydrocortisone cream	Eczema	1% w/w	Once a day 1 fingertip

Medication name	Reason	Dose unit	When and how much I take

7 My questions

It's helpful to think ahead about any questions you'd like to ask your doctor. You can write them down below and also note the doctor's responses. If you have a support person with you during the consultation, they may also ask questions to help you get the most out of your visit.

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DURING your first consultation

1 Tips/tricks and information provided by my doctor

Taking notes during your consultation can be very helpful, especially since it can feel overwhelming to get a lot of information at once. You can even ask your doctor to help you write down the key points so you don't forget them. This might include important details about your health or condition, tips to manage it, and advice on how to use your treatment properly.

General information

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Tips/tricks to help improve my condition:

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Advice on how to use or take my medication/treatment correctly:

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EUFOREA Tip:
To ensure you don't miss any important information, it is possible to ask your doctor if you are allowed to record the consultation using your mobile phone or any other recording device.

This document is not intended for medical advice!

The information, including but not limited to, text, graphics, and images is for informational purposes only. No material from this document is intended to be a substitute for professional medical advice, diagnosis, or treatment and/or medical treatment of a qualified physician or healthcare provider.

EUFOREA is not a medical organization and cannot provide specific medical advice to patients via the Internet and/or E-mail.

All patients are encouraged to direct their specific questions to their physicians.

Thank you for your trust in EUFOREA!