Allergy symptom log

Name _____ Page _____ of _____

One row each time you notice symptoms or they change. Leave blank anything you don't know.

How bad: 0 None · 1 Mild · 2 Moderate · 3 Bad · 4 Severe
Symptoms: Sneezing · Runny nose · Congestion / blocked nose · Itchy eyes · Watery eyes · Itchy throat · Cough · Other
What you were around: dust or cleaning · bedding · pets · mold or damp · laundry products · fragrance or scented products · smoke · being outdoors · mowing or yard work · a new product · other

Date & time	**How bad** circle one	**Symptoms**	**How long it lasted**	**What you were around**	**Medicine taken?** Y / N and name	**Notes / what happened next**
	0 1 2 3 4				Y / N	
	0 1 2 3 4				Y / N	
	0 1 2 3 4				Y / N	
	0 1 2 3 4				Y / N	
	0 1 2 3 4				Y / N	
	0 1 2 3 4				Y / N	
	0 1 2 3 4				Y / N	
	0 1 2 3 4				Y / N	
	0 1 2 3 4				Y / N	
	0 1 2 3 4				Y / N	
	0 1 2 3 4				Y / N	
	0 1 2 3 4				Y / N	

 Name _____

Month at a glance

Month _____ 0 None · 1 Mild · 2 Moderate · 3 Bad · 4 Severe

Write 0–4 for the worst moment that day. Leave a day blank if you didn't note anything.

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Before your appointment

Sum up what you wrote in your log, to bring with you.

Dates this log covers

_____

Number of bad or severe days (3 or 4)

_____

Symptoms that bothered you most

_____

_____

Medicines you took and what you noticed afterwards

_____

_____

_____

Things you wrote down most often on bad or severe days

_____

_____

Questions you want to ask

_____

_____

_____