

# Patient's Questionnaire (PQ)

**NOTE: Only one P-Q per patient**

If you want to enter a patient undergoing 2 or more different SIT treatments, use one patient questionnaire per treatment. Check Handbook v2, p.7

**\*1. Personal Doctor Code Identification (assigned by Study Coordinator, information in contact email)**

**\*2. Personal Patient Code Identification (assigned by you at patient's enrolment)**

**\*3. Patient's age at enrolment**

**\*4. Patient's gender**

Female

Male

**\*5. Patient's medical history**

Cardiovascular disease

Previous episode of anaphylaxis

Mastocytosis

No relevant medical history

Any other relevant disease? please specify:

**\*6. Patient's current allergy history**

Atopic Dermatitis

Chronic Urticaria

Asthma

Drug allergy

Conjunctivitis

Food allergy

Rhinitis

Hymenoptera allergy

Any other relevant allergic disease? please specify:

**\*7. Is the patient currently having any active treatment?**

Yes

No

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## \*8. Patient's use of medication

- |                                                           |                                                            |                                              |
|-----------------------------------------------------------|------------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Beta-blockers                    | <input type="checkbox"/> Short Acting Beta Agonists (SABA) | <input type="checkbox"/> Sodium cromoglycate |
| <input type="checkbox"/> Inhaled corticosteroids          | <input type="checkbox"/> Antileukotrienes                  | <input type="checkbox"/> MAO Inhibitors      |
| <input type="checkbox"/> Nasal corticosteroids            | <input type="checkbox"/> Anticholinergics                  | <input type="checkbox"/> ACE Inhibitors      |
| <input type="checkbox"/> Long Acting Beta Agonists (LABA) | <input type="checkbox"/> Antihistamines                    | <input type="checkbox"/> None                |

Any other drug? please specify:

## \*9. Patient's allergy profile: Tick where suitable for sensitisation diagnosis (SPT and/or specific IgE) and if clinically significant

	SPT>3mm	slgE>0.7kU/L	Clinically significant
Pollen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epithelia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Molds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hymenoptera	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Latex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (specify)

## \*10. Is the patient sensitised to pollen?

- Yes  No

## 11. Indicate which pollens the patient is sensitised to:

- |                                     |                                    |                                      |
|-------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Grass      | <input type="checkbox"/> Cupressus | <input type="checkbox"/> Parietaria  |
| <input type="checkbox"/> Birch      | <input type="checkbox"/> Hazel     | <input type="checkbox"/> Plantago    |
| <input type="checkbox"/> Olive      | <input type="checkbox"/> Alder     | <input type="checkbox"/> Chenopodium |
| <input type="checkbox"/> Ash        | <input type="checkbox"/> Mugwort   | <input type="checkbox"/> Saltwort    |
| <input type="checkbox"/> Plane tree | <input type="checkbox"/> Ragweed   |                                      |

If other, please specify

## \*12. Has the patient received any Allergen Specific Immunotherapy (SIT) before?

- Yes  No

Regarding PREVIOUS Allergen SIT, indicate:

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## \*13. Which route?

- Sublingual  Subcutaneous  Both (in case more than one immunotherapy course)

## Regarding PREVIOUS Allergen SIT, indicate:

### \*14. Its composition:

- Grasses  Dust Mites  Hymenoptera  
 Trees  Epithelia  Latex  
 Weeds  Molds  Food

### \*15. Its tolerance:

- Very Good (no local, no systemic reactions)  
 Good (only local reactions)  
 Moderate (local and systemic reactions or systemic reaction only)  
 Poor (one or more severe systemic reactions)  
 Very Poor (any anaphylactic shock)

## Regarding PREVIOUS Allergen SIT, indicate:

### \*16. For the previous SLIT performed by the patient, indicate its composition:

- Grasses  Dust Mites  Hymenoptera  
 Trees  Epithelia  Latex  
 Weeds  Molds  Food

### \*17. For the previous SLIT performed by the patient, indicate its tolerance:

- Very Good (no local, no systemic reactions)  
 Good (only local reactions)  
 Moderate (local and systemic reactions or systemic reaction only)  
 Poor (one or more severe systemic reactions)  
 Very Poor (any anaphylactic shock)

### \*18. For the previous SCIT performed by the patient, indicate its composition:

- Grasses  Dust Mites  Hymenoptera  
 Trees  Epithelia  Latex  
 Weeds  Molds  Food

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**\*19. For the previous SCIT performed by the patient, indicate its tolerance:**

- Very Good (no local, no systemic reactions)
- Good (only local reactions)
- Moderate (local and systemic reactions or systemic reaction only)
- Poor (one or more severe systemic reactions)
- Very Poor (any anaphylactic shock)

### CURRENT Allergen Specific Immunotherapy treatment

**\*20. For the current Allergen SIT, indicate the year of onset of the allergic disease (YYYY)**

**\*21. Date (DD/MM/YYYY) when the first dose of the current Allergen SIT was administered**

**\*22. Composition of current Allergen SIT**

- Grass (or grass mix)
- Tree (or tree mix)
- Mites (or mite mix)
- Alternaria (other molds are excluded)
- Weed
- Epithelia
- Mixture (Non-taxonomically related allergens)

Other (please specify)

### Current Allergen Specific Immunotherapy treatment

**\*23. Number of allergens included in current Allergen SIT mixture**

- Two
- Three
- More

**\*24. Who will administrate Allergen SIT in this patient?**

- Physician
- Nurse
- Self administration

Others (please specify)

**\*25. What is the administration route in the current Allergen SIT?**

- Subcutaneous
- Sublingual

### Current Allergen Specific Immunotherapy treatment

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### \*26. Which type of extract?

- Natural  Allergoid

## Current Allergen Specific Immunotherapy treatment

### \*27. What type of formulation?

- Drops  Tablets

### \*28. Type of up-dosing schedule

- Conventional  Cluster  Rush

### \*29. State the frequency of doses given during maintenance per month:

- Daily  Each 48 hours  Weekly  Every two weeks  Monthly

### \*30. Current Allergen SIT is followed to which schedule?

- Perennial  Co-seasonal  Pre-seasonal  Pre/Co-seasonal

### \*31. How many months of Allergen SIT is planned to be given in a year?

### \*32. Use of premedication for current Allergen SIT?

- Antihistamines  Corticosteroids  None

Other (please specify)

## Confirm doctor and patient identification code

Dear doctor, please be so kind to fill in again your and the patient identification code in order to minimize data entry mistakes.

Thanks for your help.

### \*33. Personal Doctor Code Identification (assigned by Study Coordinator, information in contact email)

### \*34. Personal Patient Code Identification (assigned by you at patient's enrolment)

### \*35. Thanks for completing this questionnaire, do you want to submit?

- Yes, when YES is ticked, your questionnaire will be submitted and you will not be able to change any given answer
- No, when NO is ticked, you will be sent to the first question to review the given answers