APPENDIX I
HYPERSENSITIVITY QUESTIONNAIRE

Name: ____________________________________
ID-number: _______________________________
Telephone: ________________________________
e-mail: ___________________________________  

1. Do you experience breathing symptoms?
☐ YES
☐ NO

2. If YES, do you have a clinical diagnosed asthma?
☐ YES
☐ NO

3. Do you experience symptoms in one or more of the following?

Birch pollen:
☐ YES, symptoms: ________________________________________
☐ NO

Grass pollen:
☐ YES, symptoms: ________________________________________
☐ NO

Ragweed pollen:
☐ YES, symptoms: ________________________________________
☐ NO

Animal dander:
☐ YES, symptoms: ________________________________________
☐ NO

House dust mite:
☐ YES, symptoms: ________________________________________
☐ NO

Other:
☐ YES, symptoms: ________________________________________
☐ NO

4. Do you experience symptoms from the lips, tongue, throat when eating foods?
☐ YES
☐ NO

5. Do you feel any pain or discomfort in your stomach?
☐ YES
☐ NO

6. If, YES, do you usually experience this pain or discomfort:
☐ during the day?
☐ more frequently during a certain period of the year?
☐ at meal-times?

7. What kind of gastrointestinal symptoms do you experience?
☐ Burning sensation/reflux
☐ Nausea
☐ Vomiting
☐ Stomach ache
☐ Pain in the lower bowel
☐ Cramping or aching
☐ Bloating
☐ Flatulence
☐ Diarrhea
☐ Constipation
☐ Pain that starts always at meal-times
☐ Pain that does not appear in connection with meal-times
☐ Pain that disappears with defecation after a bowel motion
☐ Other (specify)? ________________________________

8. Do you experience that your gastrointestinal symptoms increase during one or more of the following periods?
☐ Spring
☐ Summer
☐ Autumn
☐ Winter

9. Do you avoid any type of food during these period(s) when you experience symptoms?
☐ YES
☐ NO

10. If YES, when?
☐ Spring
☐ Summer
☐ Autumn
☐ Winter

11. Do you experience increased breathing difficulties or asthma symptoms which are related to the increased gastrointestinal symptoms?
☐ YES
☐ NO

12. Do you experience symptoms from the skin/of eczema?
☐ YES
☐ NO

13. Do you experience symptoms from the skin/eczema when eating any foods?
☐ YES
☐ NO

14. Do you experience increased symptoms from the skin/of eczema during the pollen season?
☐ YES
☐ NO

15. Do you experience increased breathing symptoms when you have more symptoms from the skin/of eczema?
☐ YES
☐ NO
16. Do you have any clinical diagnosed disease(s) (if YES which)?
   - YES
   - NO

17. Have you received treatment with injection or pills of glucocorticoids during the later pollen season?
   - YES
   - NO

18. If YES, have this treatment with glucocorticoids relieved your symptoms from:
   - Gastrointestinal tract
     - YES
     - NO
     - DO NOT KNOW/NON APPLICABLE
   - Skin
     - YES
     - NO
     - DO NOT KNOW/NON APPLICABLE
   - Foods
     - YES
     - NO
     - DO NOT KNOW/NON APPLICABLE

19. If you experience symptoms from different foods, please, fill the following questionnaire.

© Georgios Rentzos
Section of Allergology
University Hospital of Sahlgenska
413 45, Gothenburg, Sweden

---

<table>
<thead>
<tr>
<th>Foods</th>
<th>Report the type of symptoms (e.g. hives, rash, eczema, itching, rash)</th>
<th>Post-mucosa is noted</th>
<th>Symptoms that came after (rate with %)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 - 10 min</td>
<td>1 - 24 h</td>
<td>1 - 72 h</td>
</tr>
</tbody>
</table>

- Hazelnut
- Walnut
- Brazil nut
- Almond
- Kiwi
- Peach
- Cherry
- Plum
- Potatoe
- Pear
- Apple
- Apricot
- Nectarine
- Carrot
- SOY
- PEAS
- BEANS/LENTIL
- Peanut
- WHEAT FLOUR
- OTHER FLOUR
- MILK
- Sour milk / Yogurt
- CHEESE
- Cayenne/Red pepper
- Chili/Tobacco
- Paprika
- EGG
- FISH
- Salmon
- Tomate
- Chocolate
- Shefline
- Strawberry
- Orange
- Wine/Beer
- Alr seed/Cumin
- Curry
- Chamomile
- Coriander
- Parsley
- Celery
- Sunflower seed
- Poppy seed
- Sesame seed
- Melon
- Banana
- Avocado
- Chestnut
- BEEF
- PORK
- CHICKEN
- Steakes/ Fat food
- Lemon
- Dried fruit
- Additives
- Other