**Appendix 7: Specific Allergen Immunotherapy Questionnaire version 4**

**Directions: Place a check mark on all your answers for the rest of the questionnaire. Please read instructions carefully. If you are unsure about how to answer a question, give the best answer you can. (Lagyan ng tseke(**√**) ang lahat ng mga sagot sa mga sumusunod na tanong. Basahin ng maayos ang mga alituntunin. Kung hindi sigurado kung paano sagutin and tanong, ibigay ang pinakamainam na sagot).**

**Part 1:**

**For the past four weeks, how much of a problem are these symptoms when your allergies are most active?( Sa nakalipas na apat na linggo, gaano ka namomroblema sa mga sintomas kung inaatake ka ng allergy o pinakaaktibo ito?)**

**Key to symptoms:**

**0 - no problem: none to an occasional limited episode**

**( Hindi problema)**

**1 – mild problem: steady symptoms but easily tolerable**

**( Banayad/kaunting problema)**

**2 – moderate problem: symptoms hard to tolerate, may interfere with**

**activities of daily living and/or sleep**

**( katamtamang problema)**

**3–severe problem: symptoms are so bad, person can’t function all the time**

**( Malubhang problema)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **0-no problem**  **(Hindi problema)** | **1-mild problem**  **(Banayad/kaunting problema)** | **2-moderate**  **Problem**  **(katamtaman)** | **3-severe**  **Problem**  **(malubha)** |
| **1.Sneezing**  **(pagbahin)** | MCj04244480000[1] | MCj04244740000[1] | MCj04244800000[1] | MCj04238120000[1] |
| **2.Runny nose**  **(tulo sipon)** | MCj04244480000[1] | MCj04244740000[1] | MCj04244800000[1] | MCj04238120000[1] |
| **3I.tchy nose**  **(pangangati ng ilong)** | MCj04244480000[1] | MCj04244740000[1] | MCj04244800000[1] | MCj04238120000[1] |
| **4.Nasal blockage or obstruction(pagbara ilong)** | MCj04244480000[1] | MCj04244740000[1] | MCj04244800000[1] | MCj04238120000[1] |
| **5.Postnasal drip (drainage down back of nose/throat (tumutulong sipon sa likod ng ilong papuntang lalamunanan)** | MCj04244480000[1] | MCj04244740000[1] | MCj04244800000[1] | MCj04238120000[1] |
| **6.Throat clearing**  **(pagdahak)** | MCj04244480000[1] | MCj04244740000[1] | MCj04244800000[1] | MCj04238120000[1] |
| **7.Hoarseness of throat**  **(pamamalat/pamamaos)** | MCj04244480000[1] | MCj04244740000[1] | MCj04244800000[1] | MCj04238120000[1] |
| **8.Headache**  **Pagkirot ng ulo/pagsakit ng ulo)** | MCj04244480000[1] | MCj04244740000[1] | MCj04244800000[1] | MCj04238120000[1] |
| **9.Facial pain**  **(pananakit ng mukha)** | MCj04244480000[1] | MCj04244740000[1] | MCj04244800000[1] | MCj04238120000[1] |
| **10.Eye itching**  **(pangangati ng mata)** | MCj04244480000[1] | MCj04244740000[1] | MCj04244800000[1] | MCj04238120000[1] |
|  | **0-no problem**  **(Hindi problema)** | **1-mild problem**  **(Banayad/kaunting problema)** | **2-moderate**  **Problem**  **(katamtaman)** | **3-severe**  **Problem**  **(malubha)** |
| **11.Eye redness**  **(pamumula ng mata)** | MCj04244480000[1] | MCj04244740000[1] | MCj04244800000[1] | MCj04238120000[1] |
| **12.Watery eyes**  **(pagluluha ng mata)** | MCj04244480000[1] | MCj04244740000[1] | MCj04244800000[1] | MCj04238120000[1] |
| **13.Cough**  **(Pag ubo)** | MCj04244480000[1] | MCj04244740000[1] | MCj04244800000[1] | MCj04238120000[1] |
| **14.Wheeze (whistling in your chest) (humuhuni na paghinga)** | MCj04244480000[1] | MCj04244740000[1] | MCj04244800000[1] | MCj04238120000[1] |
| **15.Phlegm (coughing up material)plema(ubo na may laman)** | MCj04244480000[1] | MCj04244740000[1] | MCj04244800000[1] | MCj04238120000[1] |
| **16.Shortness of breath**  **(Kulang/kapos sa paghinga)** | MCj04244480000[1] | MCj04244740000[1] | MCj04244800000[1] | MCj04238120000[1] |
| **17.Chest tightness**  **(paninikip ng dibdib)** | MCj04244480000[1] | MCj04244740000[1] | MCj04244800000[1] | MCj04238120000[1] |
| **18.Shortness of breath on exertion(kulang/kapos sa paghinga kapag may ginagawa )** | MCj04244480000[1] | MCj04244740000[1] | MCj04244800000[1] | MCj04238120000[1] |
| **19.Tire easily**  **(Madaling mapagod)** | MCj04244480000[1] | MCj04244740000[1] | MCj04244800000[1] | MCj04238120000[1] |
| **20.Lack good night’s sleep**  **(kulang sa mahimbing na tulog)** | MCj04244480000[1] | MCj04244740000[1] | MCj04244800000[1] | MCj04238120000[1] |
| **21.Wake up tired (nagigising na pagod)** | MCj04244480000[1] | MCj04244740000[1] | MCj04244800000[1] | MCj04238120000[1] |
| **22.Have reduced concentration**  **(mahinang mag-isip)** | MCj04244480000[1] | MCj04244740000[1] | MCj04244800000[1] | MCj04238120000[1] |
| **23.Difficulty in concentrating on problems(nahihirapan mag-isip ng problema)** | MCj04244480000[1] | MCj04244740000[1] | MCj04244800000[1] | MCj04238120000[1] |
| **24.Feel frustrated**  **(bigo)** | MCj04244480000[1] | MCj04244740000[1] | MCj04244800000[1] | MCj04238120000[1] |
| **25.Restless**  **(hindi mapakali)** | MCj04244480000[1] | MCj04244740000[1] | MCj04244800000[1] | MCj04238120000[1] |
| **26.Irritable**  **(mayamutin/pagkairitable)** | MCj04244480000[1] | MCj04244740000[1] | MCj04244800000[1] | MCj04238120000[1] |
| **27.Have sports activity impairment (limited sports activity) (limitado ang paglalaro)** | MCj04244480000[1] | MCj04244740000[1] | MCj04244800000[1] | MCj04238120000[1] |
| **28.Have limitations in daily activity (limitado ang gawain sa araw araw)** | MCj04244480000[1] | MCj04244740000[1] | MCj04244800000[1] | MCj04238120000[1] |
| **29.Experience drug’s side effect**  **(nakakaramdam ng ibang epekto ng gamot)** | MCj04244480000[1] | MCj04244740000[1] | MCj04244800000[1] | MCj04238120000[1] |
|  |  |  |  |  |

**Part 2:**

**1. How long have you been under the care of Dr. \_\_\_\_\_\_**

**(Gaano ka na katagal sa pangangalaga ni Dr. \_\_\_\_\_\_ )**

|  |  |  |
| --- | --- | --- |
|  |  | **Number of years?**  **(Ilang Taon?)** |
|  |  |  |
|  |  |  |
|  |  | **Number of months?**  **(Ilang buwan?)** |

**2. Are you currently under immunotherapy (allergy shots)?**

**(Sa kasalukuyan, ipinasasailalim ka ba sa immunoterapi (allergy shots)?)**

|  |  |  |
| --- | --- | --- |
|  |  | **Yes**  **(Oo)** |
|  |  |  |
|  |  |  |
|  |  | **No**  **(Hindi)** |

**If the answer is yes please proceed to numbers 3-4:**

**(Kung ang sagot ay OO, mangyaring ipagpatuloy sa mga numero 3-4:)**

**If the answer is no, please skip number 3 and proceed to number 4**

**(Kung ang sagot ay Hindi, huwag sagutin ang numero 3 at mangyari ipagpatuloy sa numero 4.)**

**3. Do you think immunotherapy works for you?**

**( Sa iyong palagay, nakakatulong ba sa iyo ang immunoterapi?**

|  |  |  |
| --- | --- | --- |
|  |  | **Yes**  **(Oo)** |
|  |  |  |
|  |  |  |
|  |  | **No**  **(Hindi)** |

**4. In the last four weeks, on the average how often in a week do you take the following**

**medications?**

**(Sa nakalipas na apat na linggo, sa karaniwan, ilang araw sa loob ng isang linggo ka kadalas**

**nangangailangan ng gamot para sa allergy?)**

**(30.)a. Anti allergy pills (tablet para sa allergy)**

|  |  |  |
| --- | --- | --- |
|  |  | Not at all (wala) |
|  |  |  |
|  |  | 1 or 2 days (1 hanggang 2 araw) |
|  |  |  |
|  |  | 3 or 4 days (3 hanggang 4 araw) |
|  |  |  |
|  |  | 5 or 6 days (5 hangang 6 araw) |
|  |  | Every day (araw-araw) |
|  |  |  |

**(31.)b. Nasal sprays (nasal isprey)**

|  |  |  |
| --- | --- | --- |
|  |  | Not at all (wala) |
|  |  |  |
|  |  | 1 or 2 days (1 hanggang 2 araw) |
|  |  |  |
|  |  | 3 or 4 days (3 hanggang 4 araw) |
|  |  |  |
|  |  | 5 or 6 days (5 hangang 6 araw) |
|  |  | Every day (araw-araw) |
|  |  |  |

**(32.)c. Inhalers**

|  |  |  |
| --- | --- | --- |
|  |  | Not at all (wala) |
|  |  |  |
|  |  | 1 or 2 days (1 hanggang 2 araw) |
|  |  |  |
|  |  | 3 or 4 days (3 hanggang 4 araw) |
|  |  |  |
|  |  | 5 or 6 days (5 hangang 6 araw) |
|  |  | Every day (araw-araw) |
|  |  |  |

**(33.)d. Eye drops (pampatak sa mata)**

|  |  |  |
| --- | --- | --- |
|  |  | Not at all (wala) |
|  |  |  |
|  |  | 1 or 2 days (1 hanggang 2 araw) |
|  |  |  |
|  |  | 3 or 4 days (3 hanggang 4 araw) |
|  |  |  |
|  |  | 5 or 6 days (5 hangang 6 araw) |
|  |  | Every day (araw-araw) |
|  |  |  |