



Health Questionnaire for Potential Research Volunteers

If you are interested in participating in a clinical research study, please call our office with answers to the following health questions.

Name: _____

E-mail address: _____

Phone #: _____ Cell #: _____

1. Do you have asthma? _____ Yes _____ No

2. What asthma medications are you currently taking? And what dose?

3. _____

4. How long have you had an asthma diagnosis? _____

5. Do you have eczema? _____ Yes _____ No

6. Do you have allergies? (Not including food allergies) _____ Yes _____ No

7. How long have you had allergy symptoms? _____

8. Are you receiving immunotherapy? (allergy shots) _____ Yes _____ No

9. Are you allergic to the following? (check all that apply)

10. cat dog dustmite mold grass tree weed

11. Have you ever been skin tested? _____ Yes _____ No

12. Are you currently a smoker? _____ Yes _____ No

13. Were you previously a smoker? _____ Yes _____ No

14. If yes, how many packs per day did you smoke and for how many years?

_____ Yes _____ No _____ # of years

15. Have you ever had nasal or sinus surgery? If yes, when _____

16. **Have you had a sinus infection in the past 30 days?** _____ Yes _____ No

17. **Have you ever had more than 3 sinus infections in a single year?**

_____ Yes _____ No

18. **Have you had an upper or lower respiratory tract infection in the past 30 days?**

_____ Yes _____ No

19. **Do you have a history of cancer?** _____ Yes _____ No

20. **Do you have any other major medical conditions?** _____ Yes _____ No

If yes, please list all conditions _____

21. **Please list all other medications you are currently taking, including over the counter items.**
