

## EXERCISE-INDUCED BRONCHOSPASM (EIB) QUESTIONNAIRE

Name \_\_\_\_\_

Instructions: For “Yes” answers, indicate whether you have experienced the symptom recently, whether you experience it with a cold or infection, and whether it occurs related to exercise.

		Yes	No	Recent (within past 2 months)	With colds/infection	Exercise (before, during, or after)?
1.	Eyes					
	A. Itchy					
	B. Watery					
	C. Puffy					
2.	Nose					
	A. Itchy					
	B. Stuffy					
	C. Sneezing					
	D. Runny					
	E. Hay fever					
	F. Postnasal drip					
3.	Sinus Infection					
	A. Yellow/green nasal discharge					
	B. Tender sinuses/headache					
4.	Ears					
	A. Popping sensation					
	B. Ears full/congested					
	C. Sensation of being in rising elevator					
5.	Chest (after exercise)					
	A. Cough					
	B. Wheezing					
	C. Noisy breathing					
	D Chest congestion					
	E. Chest tightness					
	F. Unable to get deep breath					
	G. Asthma					
6.	Skin Reactions					
	A. Hives					
	B. Itchy skin					
	C. Dry Skin					
	D. Swelling of skin					
	E. Eczema					
	F. Atopic dermatitis					
7.	Contact Dermatitis (skin reacts to thing that touch the skin)					
	A. Underwrap					
	B. Tape					
	C. Sweat bands					
	D. Deodorants					
	E. After-shave lotion					
	F. Elastic					
	G. Other					

		Yes	No	Recent (within past 2 months)	With colds/infection	Exercise (before, during, or after)?
8.	Food and Medication					
	A. Aspirin					
	B. Penicillin					
	C. Sulfa drugs					
	D. Other medication					
	E. Food allergy					
9.	Allergy or sensitivity to the following:					
	A. Dust					
	B. Animals/pets					
	C. Mold/mildew					
	D. Pollen/grass					
	E. Air pollution					
10.	Life-threatening (systemic) reaction requiring hospital treatment					
	A. Shock from bee sting					
	B. Difficulty breathing					
11.	If you ran 1 mile and rested 15 minutes:					
	A. Would your chest feel tighter?					
	B. Would you experience coughing?					
	If yes to A or B above, are you more likely to have these sensation in					
	A. Cold weather?					
	B. Certain seasons of the year?					
	C. Periods of air pollution?					
12.	Have you had skin tests for allergies in the past?					
13.	Have you had allergy shots? (Immunotherapy)					
14.	Recent colds/chest colds					
15.	Headache after exercise					
16.	Stomach ache after exercise					
17.	Have you taken any of the following medications?					
	A. Antihistamine					
	B. Decongestant/cold medicine					
	C. Antibiotics					
	D. Bronchodilators (to open breathing passages)					
	E. Other					
	F. Are you taking any of these medications now?					
18.	Have you ever been hospitalized for the following?					
	A. Pneumonia					
	B. Asthma					
	C. Bronchitis/bronchiolitis					