

Evaluation of Allergic Conditions using Questionnaire

Kim Jung Seok*

Department of Public Health, Madda Walabu University, Robe, Ethiopia

Commentary

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***For Correspondence:**

Dr. Kim Jung Seok,
Department of Public Health,
Madda Walabu University,
Robe, Ethiopia

E-mail: kim@031295mail.com

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DESCRIPTION

Allergic disease is one of the three most common reasons why patients visit physicians. Respiratory diseases represent about 25% of all visits to general practitioners and about 80% of patients with recurrent presentations are found to be allergic. Allergy can affect virtually any organ system. Common types of presentation include conjunctivitis, rhinitis, urticarial and angioedema or atopic dermatitis, asthma and anaphylaxis. Allergies are becoming more complex. Most of the patients with allergic diseases have involvement of multiple organs i.e, multiple allergic diseases in the same patient. Children with allergies cannot concentrate well at school. Allergy affects their quality of life and physical activity. Evaluation of suspected allergy must include a detailed medical history, comprehensive physical examination and appropriate diagnostic tests.

The most important component of the evaluation of a possible allergic problem is the patient's history. Every allergic clinic must possess a questionnaire to be filled up by the patient and the physician. History is far more important in the diagnosis and treatment plan of an allergic disorder. Without a thorough history, one cannot investigate the patient appropriately.

Patients must be given proper time to explain the symptoms. Many state that they have a sinus or permanent cold or cold is not leaving. They describe a wide array of symptoms ranging from itchy nose, eyes, or palate to runny nose or ear blocking or post nasal drainage to nasal congestion. Sinus pressure and headaches are frequently cited as symptoms. Popping or fullness of the ears implying Eustachian tube dysfunction is an often heard complaint. Asthma symptoms may be overt and present as wheezing but descriptions may be more subtle such as cough, tightness in the chest or inability to get a good breath or let all the air out of the lung.

Patient history will help delineating the mild, moderate or severe symptoms irrespective of the type of the disease. Questions to determine the extent of asthma control include type and amount of inflammatory medication used, frequency of respiratory symptoms and need for beta-agonists interference with daily activities or sleep and diurnal peak flow variability if known. The degree of severity will be ultimately the choice and intensity of treatment.

History of recurrent use of antibiotics frequent attacks of cold or cough in a supine position may point to chronic sinusitis. Gastro oesophageal reflux can present solely as cough and sometimes mimic or exacerbate asthma. History should elicit the association of the symptoms with the same trigger during every attack.

A physician should enquire from the patient about the environment in which they are living. In most cases patient will tell that their symptoms are worsening either indoor or outdoor. The questions to be included in the questionnaire are:

- Is the patient staying in damp/humid climate?
- What cleaning methods are used in the house?
- Whether dust mite bed/pillow covers are being used?
- Whether cockroaches are present in the house? Is the patient exposed to irritants?
- Has the house been painted recently?
- Are there any repair works going on in the house or at school?

So here the questionnaire plays a major role in treatment of any allergic disease or any type of medical condition. Questionnaires are also sharply limited by the fact that respondents must be able to read the questions and respond to them.