

# DEBORAH J. FREEHLING, M.D., INC.

*Board Certified*

Ear Nose & Throat · Allergy · Head & Neck Surgery · Facial Plastic Surgery

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## ALLERGY PROGRESS QUESTIONNAIRE

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
3 \_\_\_\_\_ 6 \_\_\_\_\_ 9 \_\_\_\_\_ 12 \_\_\_\_\_ Months

A refill of your allergy treatment vial(s) has been reordered. Please take a few minutes to complete the enclosed questionnaire so that we can better monitor the progress you are making with the allergy treatment. Please return this questionnaire to IZABELLA GUTMAN, allergy technician, 2204 Grant Road, Suite 102, Mountain View, CA 94040 or bring it with you to your appointment with Dr. Freehling.

1. How often are you getting injections? \_\_\_\_\_ weekly, \_\_\_\_\_ every 1-2 weeks, \_\_\_\_\_ every 2-3 weeks, \_\_\_\_\_ monthly.
2. How are your symptoms? \_\_\_\_\_ under control most of the time.  
\_\_\_\_\_ out of control most of the time.
3. How often do you need additional supplement medications?  
\_\_\_\_\_ rarely, \_\_\_\_\_ at least once a week, \_\_\_\_\_ daily.
4. What medication are you using? \_\_\_\_\_
5. Would you like me to call you to discuss any specific concerns you might have at this time? YES \_\_\_\_\_ NO \_\_\_\_\_
6. Overall how much would you say your symptoms have improved since beginning allergy treatment?  
\_\_\_\_\_ no improvement  
\_\_\_\_\_ 10%  
\_\_\_\_\_ 50%  
\_\_\_\_\_ 80%  
\_\_\_\_\_ 100%

**REMINDER...** YOU SHOULD SEE THE PHYSICIAN FOR A FOLLOW UP APPOINTMENT AT 3, 6, 9, AND 12 MONTHS DURING THE FIRST YEAR OF TREATMENT.

IZABELLA GUTMAN  
*Allergy Technician*