

4. Indicate normal/abnormal for each body region. Answer questions indicated under each body region. For skin abnormality, refer to eczema severity index form. Answer all questions under asthma severity.

EYES	NORMAL	ABNORMAL YRA-PE-A-4-eyes
EARS	NORMAL	ABNORMAL YRA-PE-A-4-ears
NOSE	NORMAL	ABNORMAL YRA-PE-A-4-nose
THROAT	NORMAL	ABNORMAL YRA-PE-A-4-throat
NECK	NORMAL	ABNORMAL YRA-PE-A-4-neck
LUNGS/CHEST	NORMAL	ABNORMAL YRA-PE-A-4-lungs chest
HEART	NORMAL	ABNORMAL YRA-PE-A-4-Abdomen heart
ABDOMEN	NORMAL	ABNORMAL YRA-PE-A-4-Abdomen
SKIN	NORMAL	EVIDENCE OF ATOPIC ECZEMA YRA-PE-A-4-skin (Erythema, papulation, excoriations, lichenification)
ALL NORMAL	ALL ABOVE IS NORMAL	

B. ASTHMA SEVERITY

5. Child talks in:

No Yes Sentences YRA-PE-B-5-YN-talk-sent

No Yes Phrases YRA-PE-B-5-YN-talk-phrases

YRA-PE-B-no-signs-resp-distress
 No Yes Child showing no signs of breathlessness, wheezing, use of accessory muscles, decreased alertness or respiratory distress. (IF YES, then skip to question 10)

6. Breathlessness:

No Yes While walking or running YRA-PE-B-6-YN-walk

No Yes While talking YRA-PE-B-6-YN-talking

No Yes While at rest YRA-PE-B-6-YN-rest

7. Use of accessory muscles; suprasternal retractions:

No Yes Rarely YRA-PE-B-7-YN-rarely
~~YRA-PE-C-1-YN-often-symp~~

No Yes Commonly YRA-PE-B-7-YN-commonly

No Yes Usually YRA-PE-B-7-YN-usually

8. Wheeze:

No Yes Moderate, often only end expiratory YRA-PE-B-8-YN-moderate

No Yes Loud, throughout exhalation YRA-PE-B-8-YN-loud

No Yes Usually loud, throughout exhale and inhale YRA-PE-B-8-YN-usually

C. Food Allergies

9. Food allergy SPT positive at previous visit?

No Yes YRA-PE-C-9-YN-Food_Spt_pos

10. Food allergy diagnosed elsewhere?

No Yes YRA-PE-C-10-YN-food-diag

If yes: 10a. Where was child diagnosed? (outside clinic only)

YRA-PE-C-10a-text-diag

10b. To what foods was child diagnosed? (outside clinic only)

No Yes

Egg YRA-PE-C-10b-YN-egg
 Milk YRA-PE-C-10b-YN-milk
 Nut YRA-PE-C-10b-YN-nut

YRA-PE-C-10b-YN-other Other YRA-PE-C-10b-text-other

11. Parent reporting allergic symptoms to a food?

No Yes (if yes, what are the foods?) YRA-PE-C-11-YN-alter-symp

No Yes

Egg YRA-PE-C-11-YN-egg
 Milk YRA-PE-C-11-YN-milk
 Nut YRA-PE-C-11-YN-nut
 Citrus YRA-PE-C-11-YN-citrus

Other YRA-PE-C-11-YN-other
YRA-PE-C-11-text-other

Describe symptoms:

[Empty box for describing symptoms]

12. Other positive allergy diagnosed elsewhere?

No YRA-PE-C-12-YN-diag-else

Yes IF YES:

12a. Please provide the name of the doctor that made the diagnosis. (outside clinic only)

YRA-PE-C-12a-other-pos-else

12b. What did the doctor say your child was allergic to?

YRA-PE-C-12b-diag-Cats-baby Cats YRA-PE-C-12b-LTX-baby
YRA-PE-C-12b-diag-Dogs-baby Dogs YRA-PE-C-12b-egg-baby
YRA-PE-C-12b-diag-ckroch-baby Cockroaches YRA-PE-C-12b-milk-baby
YRA-PE-C-12b-diag-Ragweed-baby Ragweed YRA-PE-C-12b-nuts-baby
YRA-PE-C-12b-pollen-baby Pollen YRA-PE-C-12b-citrus-baby
YRA-PE-C-12b-diag-mold-baby Mold Spores YRA-PE-C-12b-text-oth-food Other food YRA-PE-C-12b-oth-food-baby
YRA-PE-C-12b-diag-dust-mites-baby Dust (Dust Mites) Nothing YRA-PE-C-12b-noth-baby
 Don't Know YRA-PE-C-12b-Dnt-Know-baby

12c. Can we obtain records from your doctor of skin tests or blood tests used to diagnose allergy?

No Yes YRA-PE-C-12c-YN-release

D. PHYSICIAN'S DIAGNOSIS:

YR4-PE-D-13-atpic-derm

13. Atopic Dermatitis:

- Unlikely
- Possible
- Probable
- Definitive

YR4-PE-D-13-aller-asthma

Allergic Asthma:

- Unlikely
- Possible
- Probable
- Definitive

YR4-PE-D-13-aller-rhini

Allergic Rhinitis:

- Unlikely
- Possible
- Probable
- Definitive

YR4-PE-D-13-food-aller

Food Allergy:

- Unlikely
- Possible
- Probable
- Definitive

14. INDIVIDUAL BODY REGION QUESTIONS.

EYES:

YR4-PE-D-14-Y-eyes-no-ab

- No Abnormalities
- No Yes Watery Discharge?
- No Yes Lid edema?
- No Yes Conjunctival Injection?
- No Yes Child appear to be itching eyes?
- No Yes Allergic shiners?
- No Yes Other YR4-PE-D-14-text-eyes-oth

EARS (Tympanic Membranes):

- No Abnormalities
- No Yes Dull?
- No Yes Effusion?
- No Yes Erythema?
- No Yes Discharge?
- Air-fluid Level
- No Yes Other YR4-PE-D-14-text-ears-oth

NOSE: YR4-PE-D-14-YN-nose-crease

- No Yes Crease present?
- No Abnormalities YR4-PE-D-14-Y-no-ab-2

Turbinates:

- No Yes Edema?
- No Yes Pale?
- No Yes Erythema?
- No Yes Discharge?
- If Yes: Clear Mucoid
- No Yes Polyps present?
- No Yes Other YR4-PE-D-14-text-nose-oth

LUNGS/CHEST:

- No Abnormalities
- No Yes Asymmetrical Expansion?
- No Yes Crackles?
- No Yes Coarse Ronchi?
- No Yes Wheezing?
- No Yes Stridor?
- No Yes Other YR4-PE-D-14-text-lungs-oth

THROAT:

- No Abnormalities
- No Yes Erythema?
- No Yes Post nasal drainage?
- No Yes Hyperemia?
- No Yes Cobblestoning?
- No Yes Other YR4-PE-D-14-text-throat-oth

NECK:

- No Abnormalities
- No Yes Cervical Lymphadenopathy?
- No Yes Thyroid Enlargement?
- No Yes Other YR4-PE-D-14-text-neck-oth

15. INDIVIDUAL BODY REGION QUESTIONS. ANSWER ONLY IF ABNORMAL. (cont.)

HEART: Normal S1 & S2 with no murmurs YR4-PE-D-15-Y-heart-no-ab

Describe Abnormalities: (Please Print)

YR4-PE-D-15-text-Heart

ABDOMEN: Non-tender with no masses YR4-PE-D-15-Y-abdomen-no-ab

Describe Abnormalities: (Please Print)

YR4-PE-D-15-text-Abdomen

SKIN: No lesions, warm and dry YR4-PE-D-15-Y-skin-no-ab

Describe Abnormalities: (Please Print)

YR4-PE-D-15-text-skin

16. Investigator's Global Assessment (Check one only) YR4-PE-D-16-skin-global

- Clear (no inflammatory signs of Atopic Dermatitis)
- Almost clear (just perceptible erythema, and just perceptible infiltration/papulation)
- Mild disease (mild erythema and mild papulation/infiltration)
- Moderate disease (moderate erythema and moderate papulation/infiltration)
- Severe disease (severe erythema and severe papulation/infiltration)
- Very severe disease (severe erythema and severe papulation/infiltration with oozing and crusting)

17. If Eczema: Was it on the: (no answer required if not present)

No Yes

- Head/Neck YR4-PE-D-17-YN-eczema-head
- Upper Extremities YR4-PE-D-17-YN-eczema-up-limbs
- Trunk YR4-PE-D-17-YN-eczema-trunk
- Lower Extremities YR4-PE-D-17-YN-eczema-low-limb

E. OVERALL CLINICAL IMPRESSION:

18. Allergic disorder?

No Yes YRA-PE-E-18-YN-Aller-disorder

18a. IF YES, list diagnosis. YRA-PE-E-18a-Aller-diag

- 1. Allergic Rhinitis YRA-PE-E-18a-Y-Aller-Rhini
- 2. Atopic Dermatitis YRA-PE-E-18a-Y-atopic-derm
- 3. Asthma with Allergy Component YRA-PE-E-18a-Y-asthma-Aller
- 4. YRA-PE-E-18a-text-oth-1
- 5. YRA-PE-E-18a-text-oth-2
- 6. YRA-PE-E-18a-text-oth-3

F. TREATMENT RECOMMENDATIONS:

19. Environmental control measures?

No Yes YRA-PE-F-19-YN-Env-Con

19a. IF YES, list. YRA-PE-F-19a-Y-Env-Con

- 1. Hepa Filter YRA-PE-E-19a-Y-EnvCon-HepaFilt
- 2. Frequent Vacuuming and Dusting YRA-PE-E-19a-Y-EnvCon-FreqVac
- 3. Avoidance Measures YRA-PE-E-19a-Y-EnvCon-AvoidMeas
- 4. YRA-PE-F-19a-text-EnvCon-oth-1
- 5. YRA-PE-F-19a-text-EnvCon-oth-2
- 6. YRA-PE-F-19a-text-Envcon-oth-3

20. Recommendations for food avoidance (check all that apply)

- Milk YRA-PE-F-20-Y-Milk
- Egg YRA-PE-F-20-Y-Egg
- Peanut YRA-PE-F-20-Y-Peanut

YRA-PE-F-20-Y-oth Other YRA-PE-F-20-text-oth

21. Physician referred?

No Yes YRA-PE-F-21-YN-Phy-Ref

21a. IF YES, referral name and specialty.

- YRA-PE-F-21a-text-Phy-Ref
- Pediatrician YRA-PE-F-21a-Phy-Ref-Pedia
- Allergist YRA-PE-F-21a-Phy-Ref-Aller
- Ear Nose and Throat YRA-PE-F-21a-Phy-Ref-Ear-n-Nosc
- Family Physician YRA-PE-F-21a-Phy-Ref-Fam-Phy

22. Medications?

No Yes YRA-PE-F-22-YN-Meds

22a. IF YES, list.

Epi Pen Jr No Yes YRA-PE-F-22a-Y-med-epipen

1. YRA-PE-F-22a-text-med-1

2. YRA-PE-F-22a-text-med-2

3. YRA-PE-F-22a-text-med-3

4. YRA-PE-F-22a-text-med-4

23. Follow up visit?

1 year other YRA-PE-F-23-text-followup-oth

G. Directions to SPT Administrator From Physician

24. Child to see physician after SPT administered? No Yes YRA-PE-F-24-YN-child-see-phys

25. Child has history of food allergy? No Yes YRA-PE-F-25-YN-child-food-his

IF CHILD HAS HAD A PREVIOUS POSITIVE SPT TO MILK OR EGG (AT THIS CLINIC OR OUTSIDE CLINIC) AND PARENT REPORTED ALLERGIC SYMPTOMS TO THAT ALLERGEN THEN DO NOT TEST FOR THAT SPECIFIC ALLERGEN.

If child has had a previous positive spt to milk or egg and the parent did not report allergic symptoms to that allergen then testing is permitted for that specific allergen.

26. Indicate below if milk or egg should be tested.

Milk No Yes YRA-PE-F-26-YN-test-milk

Egg No Yes YRA-PE-F-26-YN-test-egg

Signature

YRA-PE-Signature

YRA-PE-Sig-Date

Date [] [] / [] [] / [] []