

Check List

Allergies of Childhood and Adolescence

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Infants until 1 year of age

1) Family history:

Are there any members of the immediate family (parents or siblings) of the affected child with food intolerances, eczema, hay fever, asthma?

ja nein

2) Current symptoms as possible signs of allergy:

Does your child react with stomach ache, colics, refusal of food, increased spitting, bloody stool, failure to thrive, particularly after eating or drinking and/or after a new group of food (containing milk, hen's egg, wheat, fish, peanuts etc.) has been introduced?

ja nein

3) Does your child also have skin problems? These are, for instance, milk crust on the baby's head, dry cracked skin behind the ears and elsewhere, itchiness, red cracked patches on trunk and hands?

ja nein

4) Does your child suffer from recurrent coughs as well? Lasting for more than three weeks, spastic ('cramped') bronchitis?

ja nein

Toddlers 1 to 6 years

1) Family history:

Are there any members of the immediate family (parents or siblings) of the affected child with food intolerances, eczema, hay fever, asthma?

ja nein

2) Individual risk factors:

Did your child react to new food with recurrent stomach and bowel problems during the first year? Did milk crust or other skin problems occur? Did the child suffer from frequent coughs?

ja nein

3) Current symptoms as possible signs of allergy:

Does your child currently suffer from stomach ache, diarrhea, vomiting, slow weight gain, or delayed growth?

ja nein

4) Does your child have dry skin sensitive to chlorine water, sand, or cosmetics?

Does your child scratch in his or her sleep and/or during the day when he or she is

excited? Does your child sometimes get acute rashes that look like "stinging nettle rashes"? Is your child prone to skin infections?

ja nein

5) Does your child frequently suffer from inflammations of the middle ear or liquid behind the eardrum(s)? Does he or she sometimes have bad hearing for weeks? Is your child's nose breathing often obstructed, e.g. because of a cold and/or does he or she snore at night and/or has he or she undergone surgery of the adenoids ("nasal polyps") or is this intended? Does your child often suffer from infections (more than 8 to 10 per year) and does he or she have to take antibiotics (more than 3 per annum) frequently?

ja nein

6) Does your child suffer from cough lasting for more than three weeks each time and/or for more than six weeks in one year?

Does he or she have to cough when under strain, e.g. when running, hopping, laughing, being tickled? Does he or she cough with wheezing and/or has your family doctor heard "rhonchus" and "spasticity" in your child? Was Sultanol as an inhalant required for treatment? Does your child have no energy at all in the morning and/or after exercising or is he or she becoming more and more reluctant to exercise?

ja nein

7) Does your child react with diarrhea and/or rashes all over the body with itchiness and possibly swellings of eyes and mouth after taking medicine?

Does your child react with severe redness and swelling beyond the nearest joint after bee or wasp stings? Perhaps rashes of the entire body, with itching, swellings of the eyes, coughing and labored breathing, nausea and diarrhea, or even unconsciousness?

ja nein

Schoolchildren and adolescents

1) Family history:

Are there any members of your immediate family (parents, brothers or sisters) with food intolerances, eczema, hay fever, asthma?

ja nein

2) Individual risk factors:

Did you suffer repeatedly from stomach ache, stool problems, milk crust and other skin problems until you were one year old (ask your parents)?

Did you have an ear operation?

ja nein

3) Current symptoms as possible signs of allergy:

Do you have any problems with food, such as itching of the lips or the palate after you've eaten fruit or raw vegetables, or do you have stomach ache and diarrhea?

ja nein

4) Do you feel itchiness of the skin, e.g. on your hands, in the bends of your elbows or the hollows of your knees, all year, after exercising, after certain meals, in the summertime? Do you sometimes develop a skin rash?

ja nein

5) Is your nose often blocked, do you sometimes have to sneeze 5 to 10 times at a time, does your nose itch and you must rub it, e.g. after touching animals, in the summer, out in the open or all year?

ja nein

6) Do you often have a cough, do you sometimes feel tightness in your chest, burning in your throat and/or chest, do you sometimes find it hard to breathe, do you feel unfit for exercise or to be slower than your friends, do you feel tired and exhausted after exercising, can you hear your breath after exercising, or is there a whistling sound in your ears after you have been to the disco?

ja nein

7) Do you react to medicine and/or insect bites with rashes, swelling in your face, an urge to sneeze, coughing, difficulty breathing, nausea, vomiting, diarrhea, unconsciousness?

ja nein

8) Are you often tired, weary, grumpy, frustrated, or sad? Do you find it hard to concentrate; do you get bad grades although you really want to study?

ja nein

If you or your parents have answered one or more of these questions on signs of allergy in the relevant age group with “yes“, you should consult an allergy specialist from our network. This is all the more important if any of the questions on family history or individual risk factors have been answered with “yes”.