

ALLERGY SKIN TEST RESULTS

Subject ID: 2
 Subject Initials: _____
 Visit Number: 1
 Visit Date: ____/____/____
month day year
 Interviewer ID: _____

(Clinic Coordinator completed)

If the medications listed in the Manual of Operations were taken within the exclusionary periods, reschedule the skin testing procedure.

SKIN_TS

Skin test site

₁ back

₂ forearm

SKIN_TT

Time subject skin **tested** (based on 24-hour clock)

SKIN_TE

Time skin tests **evaluated** (based on 24-hour clock)

A reaction is defined as a wheal of at least 3 mm in diameter and an erythema at least 10 mm in diameter. For each allergen, indicate whether there was a reaction. If yes, transfer the tracing of each wheal and record the longest diameter and the diameter at the perpendicular midpoint in mm.

1. Diluting Fluid	SKIN_01	Was there a reaction? <input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes	8. Alternaria	SKIN_08	Was there a reaction? <input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes
	SKIN_01a	Largest Wheal Diameter _____ mm		SKIN_08a	Largest Wheal Diameter _____ mm
	SKIN_01b	Perpendicular Wheal Diameter _____ mm		SKIN_08b	Perpendicular Wheal Diameter _____ mm
2. Tree Fluid	SKIN_02	Was there a reaction? <input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes	9. Cladosporium	SKIN_09	Was there a reaction? <input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes
	SKIN_02a	Largest Wheal Diameter _____ mm		SKIN_09a	Largest Wheal Diameter _____ mm
	SKIN_02b	Perpendicular Wheal Diameter _____ mm		SKIN_09b	Perpendicular Wheal Diameter _____ mm
3. Grass Mix	SKIN_03	Was there a reaction? <input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes	10. Aspergillus	SKIN_10	Was there a reaction? <input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes
	SKIN_03a	Largest Wheal Diameter _____ mm		SKIN_10a	Largest Wheal Diameter _____ mm
	SKIN_03b	Perpendicular Wheal Diameter _____ mm		SKIN_10b	Perpendicular Wheal Diameter _____ mm

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<p>4. Ragweed</p>	<p>SKIN_04</p> <p>Was there a reaction? <input type="checkbox"/>₀ No <input type="checkbox"/>₁ Yes</p> <p>Largest Wheal</p> <p>Diameter _____ mm</p> <p>Perpendicular Wheal</p> <p>Diameter _____ mm</p> <p>SKIN_04a</p> <p>Diameter _____ mm</p> <p>Perpendicular Wheal</p> <p>Diameter _____ mm</p> <p>SKIN_04b</p> <p>Diameter _____ mm</p>	<p>11. D. Farinae</p>	<p>SKIN_11</p> <p>Was there a reaction? <input type="checkbox"/>₀ No <input type="checkbox"/>₁ Yes</p> <p>Largest Wheal</p> <p>Diameter _____ mm</p> <p>Perpendicular Wheal</p> <p>Diameter _____ mm</p> <p>SKIN_11a</p> <p>Diameter _____ mm</p> <p>Perpendicular Wheal</p> <p>Diameter _____ mm</p> <p>SKIN_11b</p> <p>Diameter _____ mm</p>
<p>5. Weed Mix</p>	<p>SKIN_05</p> <p>Was there a reaction? <input type="checkbox"/>₀ No <input type="checkbox"/>₁ Yes</p> <p>Largest Wheal</p> <p>Diameter _____ mm</p> <p>Perpendicular Wheal</p> <p>Diameter _____ mm</p> <p>SKIN_05a</p> <p>Diameter _____ mm</p> <p>Perpendicular Wheal</p> <p>Diameter _____ mm</p> <p>SKIN_05b</p> <p>Diameter _____ mm</p>	<p>12. D. Pteryx</p>	<p>SKIN_12</p> <p>Was there a reaction? <input type="checkbox"/>₀ No <input type="checkbox"/>₁ Yes</p> <p>Largest Wheal</p> <p>Diameter _____ mm</p> <p>Perpendicular Wheal</p> <p>Diameter _____ mm</p> <p>SKIN_12a</p> <p>Diameter _____ mm</p> <p>Perpendicular Wheal</p> <p>Diameter _____ mm</p> <p>SKIN_12b</p> <p>Diameter _____ mm</p>
<p>6. Dogs</p>	<p>SKIN_06</p> <p>Was there a reaction? <input type="checkbox"/>₀ No <input type="checkbox"/>₁ Yes</p> <p>Largest Wheal</p> <p>Diameter _____ mm</p> <p>Perpendicular Wheal</p> <p>Diameter _____ mm</p> <p>SKIN_06a</p> <p>Diameter _____ mm</p> <p>Perpendicular Wheal</p> <p>Diameter _____ mm</p> <p>SKIN_06b</p> <p>Diameter _____ mm</p>	<p>13. Cockroach</p>	<p>SKIN_13</p> <p>Was there a reaction? <input type="checkbox"/>₀ No <input type="checkbox"/>₁ Yes</p> <p>Largest Wheal</p> <p>Diameter _____ mm</p> <p>Perpendicular Wheal</p> <p>Diameter _____ mm</p> <p>SKIN_13a</p> <p>Diameter _____ mm</p> <p>Perpendicular Wheal</p> <p>Diameter _____ mm</p> <p>SKIN_13b</p> <p>Diameter _____ mm</p>
<p>7. Cats</p>	<p>SKIN_07</p> <p>Was there a reaction? <input type="checkbox"/>₀ No <input type="checkbox"/>₁ Yes</p> <p>Largest Wheal</p> <p>Diameter _____ mm</p> <p>Perpendicular Wheal</p> <p>Diameter _____ mm</p> <p>SKIN_07a</p> <p>Diameter _____ mm</p> <p>Perpendicular Wheal</p> <p>Diameter _____ mm</p> <p>SKIN_07b</p> <p>Diameter _____ mm</p>	<p>14. Histamine</p>	<p>SKIN_14</p> <p>Was there a reaction? <input type="checkbox"/>₀ No <input type="checkbox"/>₁ Yes</p> <p>Largest Wheal</p> <p>Diameter _____ mm</p> <p>Perpendicular Wheal</p> <p>Diameter _____ mm</p> <p>SKIN_14a</p> <p>Diameter _____ mm</p> <p>Perpendicular Wheal</p> <p>Diameter _____ mm</p> <p>SKIN_14b</p> <p>Diameter _____ mm</p>