## Allergy Action plan

|                             |                    |   | low are yoບ                           | doing?                         |  |  |
|-----------------------------|--------------------|---|---------------------------------------|--------------------------------|--|--|
| YMPTOMS SYMP                |                    | SYMPTOMS  | SYMPTOMS                              |                                | SYMPTOMS   |  |
| fild, intermittent symptoms |                    | I'm having symptoms more than four days per week, OR one or more of the following symptoms:  Symptoms are interfering with my daily activities  Are bothering me, making me irritable or grumpy  Are affecting my sleep (falling asleep is harder or symptoms are waking me up)  Are affecting me at work or school |                                       | Symptoms are still medications | bothering me OR not responding t   |  |
| ACTION PLAN                 |                    | ACTION PLAN   |                                       | ACTION PLAN                    |  |  |
|                             |                    |   | ARIA Guidelines Intermittent Symptoms |                                | Persistent Symptoms  |  |
|                             |                    |   |                                       |                                |  | nptoms   |
| 267                         |                    |   | Mild Intermittent                     | Severe Intermittent            | Mild Persistent  | Severe Persistent  |
| 306.3800.8                  | Severity of Allerg | ic Rhinitis   |                                       |                                | The second secon | War and the same of the same o |