

Appendix S1. Self-reported allergic symptom score.

Please rate the intensity of your current allergic symptoms, or, in case you are already under antiallergic therapy, the maximal intensity of symptoms you have had, on a scale from 0 to 10. Please use the following scale for guidance:

	Symptoms are present, but they do not affect daily activities and/or sleep		Symptoms are present, and daily activities and/or sleep can be performed, but there may be interruptions due to the intensity of the symptoms		Some daily activities and/or sleep are impossible to perform, due to the intensity of the symptoms		Most daily activities and/or sleep are impossible to perform, due to the intensity of the symptoms		All daily activities and/or sleep are impossible to perform, due to the intensity of the symptoms	
No symptoms	1	2	3	4	5	6	7	8	9	10

The intensity of your symptoms: _____
