

# Insect Sting Allergy Risk Survey

Full Name

Age

Email

1. Have you ever been stung by an insect (e.g., bee, wasp, hornet)?

☐ Yes ☐ No

2. Did you experience any of the following after a sting? (Check all that apply)

- ☐ Swelling beyond the sting site
- ☐ Hives or rash
- ☐ Difficulty breathing
- ☐ Dizziness or fainting
- ☐ None of the above

3. Do you have a known allergy to insect stings?

☐ Yes ☐ No

4. Have you ever needed emergency treatment after an insect sting?

☐ Yes ☐ No

5. Do you carry an epinephrine auto-injector (EpiPen)?

☐ Yes ☐ No

6. Do you have a family history of insect sting allergies?

☐ Yes ☐ No

Additional Comments