Quality of life questionnaire – Allergic rhinoconjunctivitis

| Name: | Hosp No: | | | | | | | _ Date: | | |
|--|-------------------|------|------|-----|-----|--------|--------|-----------|--------|--------|
| Practical problems – please circle (table 1) | | | | | | | | | | |
| How troubled have you been by each of these problems | during the last | wee | k as | aı | esu | ılt of | your | nose/ey | e symp | otoms? |
| a. Always having to carry tissues | 0 1 | 2 | 3 | 4 | 5 | 6 | | | | |
| b. Need to rub nose/eyes | 0 1 | 2 | 3 | 4 | 5 | 6 | | | | |
| c. Need to blow your nose repeatedly | 0 1 | 2 | 3 | 4 | 5 | 6 | | | | |
| d. Lack of a good nights sleep | 0 1 | 2 | 3 | 4 | 5 | 6 | | | | |
| e. Unable to do your work (school work) as well as usual | 0 1 | 2 | 3 | 4 | 5 | 6 | | | | |
| Non hayfever symptoms – please circle (table 1) | | | | | | | | | | |
| How troubled have you been by each of these problems | during the last | wee | k as | aı | esu | ılt of | your | nose/ey | e symp | otoms? |
| a. Tired/worn out | 0 | 1 | 2 | 3 | 4 | 5 | 6 | | | |
| b. Thirst | 0 | 1 | 2 | 3 | 4 | 5 | 6 | | | |
| c. Can't concentrate | 0 | 1 | 2 | 3 | 4 | 5 | 6 | | | |
| d. Generally don't feel well | 0 | 1 | 2 | 3 | 4 | 5 | 6 | | | |
| e. Headache | 0 | 1 | 2 | 3 | 4 | 5 | 6 | | | |
| Nasal symptoms – please circle (table 1) | | | | | | | | | | |
| How troubled have you been by each of these symptom | s during the last | we | ek? | | | | | | | |
| a. Stuffy/blocked nose | 0 | 1 | 2 | 3 | 4 | 5 | 6 | | | |
| b. Runny nose | 0 | 1 | 2 | 3 | 4 | 5 | 6 | | | |
| c. Sneezing | 0 | 1 | 2 | 3 | 4 | 5 | 6 | | | |
| d. Itchy nose | 0 | 1 | 2 | 3 | 4 | 5 | 6 | | | |
| Eye symptoms – please circle (table 1) | | | | | | | | | | |
| How troubled have you been by each of these symptom | s during the last | we | ek? | | | | | | | |
| a. Itchy eyes | 0 | 1 | 2 | 3 | 4 | 5 | 6 | | | |
| b. Watery eyes | 0 | 1 | 2 | 3 | 4 | 5 | 6 | | | |
| c. Red eyes | 0 | 1 | 2 | 3 | 4 | 5 | 6 | | | |
| d. Swollen eyes | 0 |) 1 | 2 | 3 | 4 | - 5 | 6 | | | |
| Activities – please circle (table 1) | | | | | | | | | | |
| How troubled have you been by each of these activities | during the last v | vee | k as | a r | esu | It of | your | nose/ey | e symp | toms? |
| a. Activity 1 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | | | |
| b. Activity 2 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | | | |
| c. Activity 3 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | | | |
| Emotional symptoms – please circle (table 2) | | | | | | | | | | |
| How often during the last week have you been troubled | by these emotio | ns a | as a | res | ult | of y | our no | ose/eye s | sympto | ms? |
| a. Irritable | 0 | 1 | 2 | 3 | 4 | 5 | 6 | | | |
| b. Restless. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | | | |
| c. Frustrated | 0 | 1 | 2 | 3 | 4 | 5 | 6 | | | |
| d. Upset or embarrassed by others' response to your hayfev | ver symptoms 0 | 1 | 2 | 3 | 4 | 5 | 6 | | | |
| | | | | | | | | | | |

| Table 1 | |
|---------|------------------------|
| 0 | Not troubled |
| 1 | Hardly troubled at all |
| 2 | Somewhat troubled |
| 3 | Moderately troubled |
| 4 | Quite a bit troubled |
| 5 | Very troubled |
| 6 | Extremely troubled |

| Table 2 | |
|---------|--------------------------|
| 0 | None of the time |
| 1 | Hardly any time at all |
| 2 | A small part of the time |
| 3 | Some of the time |
| 4 | A good part of the time |
| 5 | Most of the time |
| 6 | All of the time |

Total / 150