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 week as a result of your nose/eye symptoms?

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 week as a result of your nose/eye symptoms?

a. Tired/worn out .............................................................. 0 1 2 3 4 5 6
b. Thirst ...............................................................................

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 ........................................................................

Nasal symptoms – please circle (table 1)

How troubled have you been by each of these symptoms during the last week?

a. Stuffy/block nose ............................................................ 0 1 2 3 4 5 6
b. Runny nose ........................................................................
c. Sneezing ...........................................................................
d. Itchy nose ........................................................................

Eye symptoms – please circle (table 1)

How troubled have you been by each of these symptoms during the last week?

a. Itchy eyes ........................................................................
b. Watery eyes ........................................................................
c. Red eyes ...........................................................................
d. Swollen eyes .....................................................................

Activities – please circle (table 1)

How troubled have you been by each of these activities during the last week as a result of your nose/eye symptoms?

a. Activity 1 ........................................................................
b. Activity 2 ........................................................................
c. Activity 3 ...........................................................................

Emotional symptoms – please circle (table 2)

How often during the last week have you been troubled by these emotions as a result of your nose/eye symptoms?

a. Irritable ............................................................................
b. Restless ..............................................................................
c. Frustrated ...........................................................................
d. Upset or embarrassed by others’ response to your hayfever symptoms... 0 1 2 3 4 5 6

Table 1

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<th>Not troubled</th>
<th>Hardly troubled at all</th>
<th>Somewhat troubled</th>
<th>Moderately troubled</th>
<th>Quite a bit troubled</th>
<th>Very troubled</th>
<th>Extremely troubled</th>
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Table 2

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<th>Some of the time</th>
<th>A good part of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
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Total / 150

Juniper, E. Adolescent Rhinoconjunctivitis Quality of Life Questionnaire (AdolRQLQ) 1997