

Paediatric Department

Quality of Life Questionnaire: 12-17 Year Olds with Allergic Rhinoconjunctivitis (Hayfever)

Introduction

This questionnaire is used to measure your child's hayfever symptoms. It is very important that the questionnaire is filled out weekly during the hayfever season so that we can gauge your child's response to treatment.

Your child needs to be on a daily antihistamine, daily nasal spray and daily eye drops whilst completing this questionnaire.

Name:

Date of Birth:

Date these questions were answered:

Antihistamine name and dose used:

Nasal spray name and dose used:

Eye drops name and dose used:



Patient Information

Please choose three activities (that you do every week throughout the summer) that are affected due to your hayfever symptoms.

Suggestions/examples: reading; studying for exams; school work; cycling; football; rugby; cricket; rounders; swimming; tennis; hockey; netball; dancing; walking; running.

Activities Identified:

1. 2. 3.

Practical problems

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 | 1 | 2 | 3 | 4 | 5 | 6 |
| b) Need to rub nose/eyes | 1 | 2 | 3 | 4 | 5 | 6 |
| c) Need to blow your nose repeatedly | 1 | 2 | 3 | 4 | 5 | 6 |
| d) Lack of a good night's sleep | 1 | 2 | 3 | 4 | 5 | 6 |
| e) Unable to do your school work as well as usual | 1 | 2 | 3 | 4 | 5 | 6 |

6 = Extremely troubled | 5 = Very troubled | 4 = Quite a bit troubled | 3 = Moderately troubled | 2 = Somewhat troubled | 1 = Not troubled

Non-hayfever symptoms

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

- | | | | | | | |
|------------------------------|---|---|---|---|---|---|
| a) Tired/worn out | 1 | 2 | 3 | 4 | 5 | 6 |
| b) Thirst | 1 | 2 | 3 | 4 | 5 | 6 |
| c) Can't concentrate | 1 | 2 | 3 | 4 | 5 | 6 |
| d) Generally don't feel well | 1 | 2 | 3 | 4 | 5 | 6 |
| e) Headache | 1 | 2 | 3 | 4 | 5 | 6 |

6 = Extremely troubled | 5 = Very troubled | 4 = Quite a bit troubled | 3 = Moderately troubled | 2 = Somewhat troubled | 1 = Not troubled

Patient Information

Nasal symptoms

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

- | | | | | | | |
|------------------------|---|---|---|---|---|---|
| a) Stuffy/blocked nose | 1 | 2 | 3 | 4 | 5 | 6 |
| b) Runny nose | 1 | 2 | 3 | 4 | 5 | 6 |
| c) Sneezing | 1 | 2 | 3 | 4 | 5 | 6 |
| d) Itchy nose | 1 | 2 | 3 | 4 | 5 | 6 |

6 = Extremely troubled | 5 = Very troubled | 4 = Quite a bit troubled | 3 = Moderately troubled | 2 = Somewhat troubled | 1 = Not troubled

Eye symptoms

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

- | | | | | | | |
|-----------------|---|---|---|---|---|---|
| a) Itchy eyes | 1 | 2 | 3 | 4 | 5 | 6 |
| b) Watery eyes | 1 | 2 | 3 | 4 | 5 | 6 |
| c) Red eyes | 1 | 2 | 3 | 4 | 5 | 6 |
| d) Swollen eyes | 1 | 2 | 3 | 4 | 5 | 6 |

6 = Extremely troubled | 5 = Very troubled | 4 = Quite a bit troubled | 3 = Moderately troubled | 2 = Somewhat troubled | 1 = Not troubled

Activities

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 | 1 | 2 | 3 | 4 | 5 | 6 |
| b) Activity 2 | 1 | 2 | 3 | 4 | 5 | 6 |
| c) Activity 3 | 1 | 2 | 3 | 4 | 5 | 6 |

6 = Extremely troubled | 5 = Very troubled | 4 = Quite a bit troubled | 3 = Moderately troubled | 2 = Somewhat troubled | 1 = Not troubled

Patient Information

Emotional symptoms

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

- | | | | | | | |
|---|---|---|---|---|---|---|
| a) Irritable | 1 | 2 | 3 | 4 | 5 | 6 |
| b) Restless | 1 | 2 | 3 | 4 | 5 | 6 |
| c) Frustrated | 1 | 2 | 3 | 4 | 5 | 6 |
| a) Upset or embarrassed by others' response to your hayfever symptoms | 1 | 2 | 3 | 4 | 5 | 6 |

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

Further Information

If you have any questions or would like further information then please contact the Paediatric Allergy Specialist Nurses by email on: childrensallergy@uhcw.nhs.uk

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