

Paediatric Department

Quality of Life Questionnaires for 6-12 Year Olds with Rhinoconjunctivitis (Hayfever)

Introduction

This questionnaire will be 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 daily antihistamine, daily nasal spray and daily eye drops whilst completing this questionnaire.

Name:

Date of Birth:

Date that questions were answered:

Antihistamine name and dose used:

Nasal spray name and dose used:

Eye drops name and dose used:



Patient Information

Please can you ask your child:

Please score questions 1-16 using the following numbers:

- 0 = Not bothered
- 1 = Hardly bothered at all
- 2 = Bothered a bit
- 3 = Somewhat bothered
- 4 = Quite bothered
- 5 = Very bothered
- 6 = Extremely bothered

1. How much were you bothered by a **stuffy, blocked nose** during the past week?

Score:

2. How much were you bothered by **sneezing** during the past week?

Score:

3. How much were you bothered by a **runny nose** during the past week?

Score:

4. How much were you bothered by **itchy nose** during the past week?

Score:

5. How much were you bothered by **itchy eyes** during the past week?

Score:

6. How much were you bothered by **watering eyes** during the past week?

Score:

7. How much were you bothered by **swollen/puffy** eyes during the past week?

Score:

8. How much were you bothered by **sore eyes** during the past week?

Score:

Patient Information

9. How much were you bothered by **having to rub your eyes** and nose during the past week?

Score:

10. How much were you bothered by **having to blow your nose** during the past week?

Score:

11. How much were you bothered by **having to carry tissues** during the past week?

Score:

12. How much were you bothered by **having to take medicines for your allergies** during this past week?

Score:

13. How much were you bothered by **thirst** (wanting a drink) during the past week?

Score:

14. How much were you bothered by a **scratchy/itchy throat** during the past week?

Score:

15. How much were you bothered by having a **headache** during the past week?

Score:

16. How much were you bothered by your allergies **playing outside** during the past week?

Score:

Patient Information

Please score questions 17-23 using the following numbers:

- 0 = None of the time
- 1 = Hardly any of the time
- 2 = Once in a while
- 3 = Some of the time
- 4 = Quite often
- 5 = Most of the time
- 6 = All of the time

17. How often did your allergies make you feel **tired** during the past week?

Score:

18. How often did your allergies make you feel **not well** during the past week?

Score:

19. How often did your allergies make you feel **irritable** (grumpy/grouchy) during the past week?

Score:

20. How often did your allergies make you feel **embarrassed** during the past week?

Score:

21. How often did your allergies make it **difficult to get to sleep** during this past week?

Score:

22. How often did your allergies **wake you up during the night** during the past week?

Score:

23. How often did your allergies **make it difficult to pay attention** during the past week?

Score:

Patient Information

Further Information

If you have any questions or would like further information, please contact the Paediatric Allergy Specialist Nurses by email:

childrensallergy@uhcw.nhs.uk

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References

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Juniper E, Guyatt G, Dolovich J, Clinical aspects of allergic disease. Assessment of quality of life in adolescents with allergic rhinoconjunctivitis: Development and testing of a questionnaire for clinical trials. (1994) The journal of allergy and clinical Immunology vol 93. No 2 p413-422