

Paediatric Department

Quality of Life questionnaire for 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 assess your child's response to treatment.

While completing this questionnaire, your child should be using daily antihistamine and nasal spray. Eye drops to be used as required.

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

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

Activities Identified:

1. 2. 3.

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 | 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 schoolwork as well as usual | 1 | 2 | 3 | 4 | 5 | 6 |

Non-hayfever symptoms – Please circle (table 1)

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 |

Patient Information

Nasal symptoms – Please circle (table 1)

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 |

Eye symptoms – Please circle (table 1)

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 |

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

Patient Information

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 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

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

This questionnaire originates from the [Hay fever Juniper Quality of Life Questionnaire](#).

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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Document History

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