

QUESTIONNAIRE- UPPER RESPIRATORY TRACT- ADULTS

(OVER 11 YEARS OF AGE)

.....
Name and surname, date of birth

Please circle the correct answer (Y=YES, N=NO)

I. NOSE, EARS, THROAT

The main complaint concern the: nose, throat, ears.

Since when do the symptoms occur.....Are they more intense in summer/winter?

Diseases during the last 12 months:

Sinusitis N 1x 2-4x 5x and more

Pharyngitis (sore throat) N 1x 2-4x 5x and more

Bronchitis N 1x 2-4x 5x and more

Pneumonia N 1x 2-4x 5x and more

Antibiotic use in the last 12 months N 1x 2-4x 5x and more

1. Nose

Breathing difficulties /nose congestion	Y	N
Which side	RIGHT	LEFT
Chronic rhinorrhea (runny nose)	Y	N
Discharge from nose streaming down to throat	Y	N
Dry nose	Y	N
Allergic rhinitis	Y	N
Persistent sneezing	Y	N
Nose bleeding	Y	N
Abnormal sense of smell	Y	N
Nose injury (if so, when?)	Y	N

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2. Headaches

On the lateral side of nose= maxillary sinuses	Y	N
Forehead	Y	N
Temporal region	Y	N

Head vertex	Y	N
Posterior parts of the head	Y	N
During flights	Y	N
During diving	Y	N
3. Throat		
Recurring angina	Y	N
Pain	Y	N
Dryness	Y	N
Need of clearing the throat	Y	N
Unpleasant mouth odor	Y	N
Hoarseness	Y	N
4. Ears		
Pain	Y	N
Itching	Y	N
Congestion	Y	N
Decreased hearing	Y	N
Tinnitus	Y	N
5. Other		
Asthma	Y	N
Abnormal sense of taste	Y	N
Balance disorders	Y	N
Chronic sub-febrile body temperature	Y	N
Previous laryngological procedures	Y	N
What kind, when?	Y	N
6. General:		
Smoking	Y	N
Contact/food/airborne allergy	Y	N
To what?		
Drug allergies	Y	N
To what?		
Other diseases requiring regular drug treatment	Y	N
Please specify.....		

II Snoring- for patients who snore

Please circle the correct answer

1. Snoring intensity
 - None
 - Slight not disturbing partner's sleep
 - Disturbing partner's sleep
 - Intense, bothersome to household members

2. Sleep apnea (noticed by others)
 - Never
 - 1-4/hour
 - 5-10/hour
 - >10/hour

3. Waking up during the night
 - Never
 - once per night
 - 2-4 times per night
 - >5 times per night

4. Waking up in the morning with dry mouth/tongue Y N

5. Headache in the morning after waking up
 - Never
 - Seldom
 - Often
 - Very often

6. Fatigue/difficulty concentrating during the day
 - Never
 - Seldom
 - Often
 - Very often

7. Difficulty at work/decreased efficacy due to sleepiness
 - Never
 - Seldom
 - Often
 - Very often

Please underline 3 most burdensome symptoms (points 1 to 7)

III Epworth Sleepiness Scale

How likely are you to doze off or fall asleep in the following situations?

0 = would never doze 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing

- 1. Sitting and reading
- 2. Watching TV
- 3. Staying in a public place (e.g. a theatre or a meeting)
- 4. During one-hour monotonous trip by car as a passenger
- 5. In the afternoon in a lying position
- 6. Sitting and talking to someone
- 7. Sitting in a quiet place after lunch without alcohol
- 8. When driving a car while stuck in a traffic jam for a few minutes

IV other complaints.....
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Date.....Signature.....