

Forehead

Krajmed Centrum Nowoczesnej Laryngologii Sp. z o.o. UI. Wałbrzyska 11 lok. 55, 56; 02-739 Warszawa Tel. 22/458-69-69, fax: 22/458-69-70

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## **QUESTIONNAIRE- UPPER RESPIRATORY TRACT- ADULTS**

(OVER 11 YEARS OF AGE)

Name and surnan	ne, 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 mor	e inter
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	d more	
1. Nose		
Breathing difficulties /nose congestion	Υ	N
Which side	RIGHT	LEFT
Chronic rhinorrhea (runny nose)	Υ	N
Discharge from nose streaming down to throat	Υ	N
Dry nose	Υ	N
Allergic rhinitis	Υ	N
Persistent sneezing	Υ	N
Nose bleeding	Υ	N
Abnormal sense of smell	Υ	N
Nose injury (if so, when?)	Υ	N
2. Headaches		
On the lateral side of nose= maxillary sinuses	Υ	N

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



Never Seldom

Other diseases requiring regular drug treatment

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Ν

Υ

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Please specify	
II Snoring- for patients who snore	
Please circle the correct answer	
<ol> <li>Snoring intensity</li> <li>None</li> <li>Slight not disturbing partne</li> <li>Disturbing partner's sleep</li> <li>Intense, bothersome to hou</li> </ol>	
<ul> <li>Sleep apnea (noticed by others)</li> <li>Never</li> <li>1-4/hour</li> <li>5-10/hour</li> <li>&gt;10/hour</li> </ul>	
<ul> <li>Never</li> <li>once per night</li> <li>2-4 times per night</li> <li>&gt;5 times per night</li> </ul>	
4. Waking up in the morning with d	ry mouth/tongue Y N
<ul> <li>5. Headache in the morning after w</li> <li>Never</li> <li>Seldom</li> <li>Often</li> <li>Very often</li> </ul>	aking up
<ul> <li>6. Fatigue/difficulty concentrating d</li> <li>Never</li> <li>Seldom</li> <li>Often</li> <li>Very often</li> </ul>	
<ol><li>Difficulty at work/decreased effice</li></ol>	acy due to sleepiness



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- 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

	0. 400	
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	
	DateSignature	