

## 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
<b>3. Throat</b>		
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
<b>4. Ears</b>		
Pain	Y	N
Itching	Y	N
Congestion	Y	N
Decreased hearing	Y	N
Tinnitus	Y	N
<b>5. Other</b>		
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
<b>6. General:</b>		
Smoking	Y	N
Contact/food/airborne allergy	Y	N
To what?		
Drug allergies	Y	N
To what?		



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

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