

QUESTIONNAIRE- UPPER RESPIRATORY TRACT

CHILDREN (UNDER THE AGE OF 10)

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

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

1. General

The main complaint concerns: nose, throat, ears.

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

Diseases during the last 12 months:

Rhinitis (runny nose) N 1x 2-4x 5x and more

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

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

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

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

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

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

2. Breathing

Through the mouth during the day Y N

Through the mouth at night Y N

Loud breathing through nose Y N

3. Sleep

Sleep calm/uneasy

Snoring Y N

Apnea Y N

Waking up at night crying Y N

Sweating at night Y N

Nocturnal enuresis Y N

Is the child eager to get out of bed
in the morning? Y N

4. Nose

Breathing difficulties /nose congestion	Y	N
Chronic / recurrent rhinorrhea (runny nose)	Y	N
Discharge from nose streaming down		
the throat	Y	N
Persistent sneezing	Y	N
Nose bleeding	Y	N
Nose injury (if so, when?)	Y	N

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5. Throat

Pain	Y	N
Need of clearing the throat	Y	N
Unpleasant mouth odor	Y	N
Hoarseness	Y	N

6. Ears

Pain	Y	N
Congestion	Y	N
Decreased hearing	Y	N
Pain during air flight	Y	N
Diagnosed fluid in the ear	Y	N

7. Oral cavity

Gap between upper central incisors	Y	N
Short frenulum of the upper lip	Y	N
Short frenulum of the tongue	Y	N
Abnormal dental occlusion	Y	N
Orthodontic treatment	Y	N
Speech disorders	Y	N

8. Appearance

Open mouth	Y	N
Rings around eyes	y	N

Makes impression of being tired Y N

Pale Y N

9. Behavior

Is the child oversensitive? Y N

Is the child restless? Y N

Does the child have learning difficulties? Y N

Eating fast/slow

10. Other

Headaches Y N

Enlarged neck lymph nodes Y N

Chronic sub-febrile body temperature Y N

Abnormal blood clotting Y N

Previous laryngological procedures Y N

What kind, when?

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Contact/food/airborne allergy Y N

To what?

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Drug allergies Y N

To what?

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Other information about the child's health

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Date:.....Signature:.....