

## Adult Rhinoconjunctivitis Quality of Life Questionnaire

We would like you to think of ways in which your nose/eye symptoms trouble you in your life. We are particularly interested in activities that you do but which are limited by your nose/eye symptoms. You may be limited because you do these activities less often, or less well, or because they are less enjoyable. These should be activities which you do frequently and which are important in your day-to-day life. These should also be activities that you intend to do regularly throughout the study.

Here is a list of activities in which some people with nose/eye symptoms are limited. We hope that this will help you to identify the 3 most important activities in which you have been limited **by your nose/eyes symptoms** during the last week.

1. BICYCLING
2. READING
3. SHOPPING
4. DOING HOME MAINTENANCE
5. DOING YOUR HOMEWORK
6. GARDENING
7. WATCHING TV
8. EXERCISING OR WORKING OUT
9. GOLF
10. USING A COMPUTER
11. MOWING THE LAWN
12. PLAYING WITH PETS
13. PLAYING WITH CHILDREN OR GRANDCHILDREN
14. PLAYING SPORTS
15. DRIVING
16. SINGING
17. DOING REGULAR SOCIAL ACTIVITIES
18. HAVING SEXUAL RELATIONS
19. TENNIS
20. TALKING
21. EATING
22. VACUUMING
23. VISITING FRIENDS OR RELATIVES
24. GOING FOR A WALK
25. WALKING THE DOG
26. OUTDOOR ACTIVITIES
27. CARRYING OUT YOUR ACTIVITIES AT WORK
28. SITTING OUTDOORS
29. TAKING CHILDREN TO THE PARK

Write your 3 activities on the next page.

## ACTIVITIES

Please write your 3 most important activities on the lines below and then tell us how much you have been troubled by your nose/eye symptoms in each activity during the last week by making an X in the box with the appropriate rating.

How troubled have you been by each of these activities during the last week as a result of your nose/eye symptoms?

Activities	Not Troubled	Hardly Troubled At All	Somewhat Troubled	Moderately Troubled	Quite A Bit Troubled	Very Troubled	Extremely Troubled	Activity Not Done
	0	1	2	3	4	5	6	9
1.								
2.								
3.								

## SLEEP

How troubled have you been by each of these sleep problems during the last week as a result of your nose/eye symptoms?

	Not Troubled	Hardly Troubled At All	Somewhat Troubled	Moderately Troubled	Quite A Bit Troubled	Very Troubled	Extremely Troubled
	0	1	2	3	4	5	6
4. Difficulty getting to sleep							
5. Wake up during the night							
6. Lack of a good night's sleep							

## NON-NOSE/EYE SYMPTOMS

How troubled have you been by these problems during the last week as a result of your nose/eye symptoms?

	Not Troubled	Hardly Troubled At All	Somewhat Troubled	Moderately Troubled	Quite A Bit Troubled	Very Troubled	Extremely Troubled
	0	1	2	3	4	5	6
7. Fatigue							
8. Thirst							
9. Reduced Productivity							
10. Tiredness							
11. Poor Concentration							
12. Headache							
13. Worn Out							

## PRACTICAL PROBLEMS

How troubled have you been by each of these problems during the last week as a result of your nose/eye symptoms?

	Not Troubled	Hardly Troubled At All	Somewhat Troubled	Moderately Troubled	Quite A Bit Troubled	Very Troubled	Extremely Troubled
	0	1	2	3	4	5	6
14. Inconvenience of having to carry tissues or handkerchief							
15. Need to rub nose/eyes							
16. Need to blow nose repeatedly							

## NASAL SYMPTOMS

How troubled have you been by each of these symptoms during the last week?

	Not Troubled	Hardly Troubled At All	Somewhat Troubled	Moderately Troubled	Quite A Bit Troubled	Very Troubled	Extremely Troubled
	0	1	2	3	4	5	6
17. Stuffy/blocked							
18. Runny							
19. Sneezing							
20. Post nasal drip							

## EYE SYMPTOMS

How troubled have you been by each of these symptoms during the last week?

	Not Troubled	Hardly Troubled At All	Somewhat Troubled	Moderately Troubled	Quite A Bit Troubled	Very Troubled	Extremely Troubled
	0	1	2	3	4	5	6
21. Itchy eyes							
22. Watery eyes							
23. Sore eyes							
24. Swollen eyes							

## EMOTIONAL

How often during the last week have you been troubled by these emotions as a result of your nose/eye symptoms?

	None of the Time	Hardly Any Time at All	A Small Part of the Time	Some of the Time	A Good Part of the Time	Most of the Time	All of the Time
	0	1	2	3	4	5	6
25. Frustrated							
26. Impatient or restless							
27. Irritable							
28. Embarrassed by your symptoms							