

# Tonsil and Adenoid Survey

We are conducting a study on children with tonsil or adenoid problems, and we are interested in the type of health problems that your child is having related to his (her) tonsils and adenoids. There are no correct or incorrect answers, and your opinion is most important to us. The survey is completely voluntary and will take about 3 minutes to complete.

Please answer these questions remembering the past 6 months for your child. The questions relate to problems many children have related to their tonsils and adenoids. If a certain question is not a problem for your child, please circle "0" (not a problem) for that question. Please do not skip questions or leave any question unanswered.

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Over the past 6 months, how much of a problem were the following conditions for your child?

Please circle the most correct response.

|   | <u>Not</u> a<br>Problem | Very Mild<br>Problem | Moderate<br>Problem | Fairly Bad<br>Problem | Severe<br>Problem |
|---|-------------------------|----------------------|---------------------|-----------------------|-------------------|
| 1. Snoring loudly during sleep  | 0                       | 1                    | 2                   | 3                     | 4                 |
| 2. Strep Throat infections  | 0                       | 1                    | 2                   | 3                     | 4                 |
| 3. Many <u>trips</u> to the doctor's office   | 0                       | 1                    | 2                   | 3                     | 4                 |
| 4. Taking antibiotics for more than <b><u>3 weeks straight</u></b>                      | 0                       | 1                    | 2                   | 3                     | 4                 |
| 5. Taking antibiotics <u>over and over</u> for less than 2 weeks at a time              | 0                       | 1                    | 2                   | 3                     | 4                 |
| 6. Many <u>calls</u> to the doctor's office   | 0                       | 1                    | 2                   | 3                     | 4                 |
| 7. Irregular or stopped breathing, also known as apnea, during sleep                    | 0                       | 1                    | 2                   | 3                     | 4                 |
| 8. Repeated short-term (or acute) infections of the tonsils that last less than 2 weeks | 0                       | 1                    | 2                   | 3                     | 4                 |
| 9. Constant, or chronic, infection of the tonsils that last more than 2 weeks           | 0                       | 1                    | 2                   | 3                     | 4                 |
| 10. The cost of medical care and prescriptions  | 0                       | 1                    | 2                   | 3                     | 4                 |
| 11. Breathing through the mouth during the day  | 0                       | 1                    | 2                   | 3                     | 4                 |
| 12. Your child not growing or gaining weight as expected                                | 0                       | 1                    | 2                   | 3                     | 4                 |
| 13. Noisy breathing during the day  | 0                       | 1                    | 2                   | 3                     | 4                 |
| 14. Problems with poor appetite or poor eating habits                                   | 0                       | 1                    | 2                   | 3                     | 4                 |
| 15. Behavior problems at home or at school, or poor school grades or reports            | 0                       | 1                    | 2                   | 3                     | 4                 |

NAME (optional): \_\_\_\_\_ Date: \_\_\_\_\_