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Self-Administered Quality of Life Questionnaire

The first four questions ask for your views about your health. Please mark the answer that best express the way you have been feeling. If you are unsure about how to answer a question, please give the best answer you can.

1. In general, would you say your health is:

Excellent Very Good Good Fair Poor

2. Compared to *one week ago*, how would you rate your general health *now*?

- Much better than one week ago.
 Somewhat better than one week ago.
 About the same as one week ago.
 Somewhat worse than one week ago.
 Much worse than one week ago.

3. How TRUE or FALSE is the each of the following statements for you?

	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
I seem to get sick a little easier than other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am as healthy as anybody I know.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I expect my health to get worse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My health is excellent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. During the last week, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

Cut down on the amount of time you spent on work or other activities.

Yes No

Accomplished less than you would like.

Yes No

Were limited in the kind of work or other Activities you performed (for example, it took extra effort).

Yes No

The following questions ask about the effect of your allergies on your ability to work, attend classes, and perform regular activities. Think about the past seven days (do not count today).

12. Are you currently employed? Yes No If no, skip to #16

13. In general, how many hours a week do you work? _____Hours

14. During the past seven days, how many hours did you miss from work because of problems associated with your allergies? Include hours you missed because you were sick, times you went in late, left early, etc. because you were experiencing problems with your allergies. (Do not include time missed to go to the doctor). _____Hours

15. During the last seven days, how much did allergies affect your productivity while you were working? Think about days you were limited in the amount or kind of work you could do, days you accomplished less than you would like, or days you could not do work as carefully as usual.

Allergies had no _____ Allergies completely
effect on my work 0 1 2 3 4 5 6 7 8 9 10 prevented me from
working

16. Do you currently attend classes in an academic setting? Yes No
If no skip to #20

17. In general, how many hours per week do you usually attend classes?
_____Hours

18. During the past seven days, how many hours did you miss from class or school because of problems with your allergies? (Do not include time missed to go to doctor)
_____Hours

19. During the past seven days, how much did allergies affect your productivity while in school or attending classes? Think about days your attention span was limited, you had trouble with comprehension, or days you could not take tests as effectively as usual.

Allergies had no _____ Allergies completely
effect on my school 0 1 2 3 4 5 6 7 8 9 10 prevented me from doing work
school work

20. During the past seven days, how much did your allergies affect your ability to do your regular daily activities (other than work or school)? By regular activities we mean the usual activities you do such as work around the house, shopping, childcare, exercising, etc. Think about times you were limited in the amount or kind of activities you could do and times you accomplished less than you would like.

Allergies had no effect on my day 0 1 2 3 4 5 6 7 8 9 10 Allergies completely prevented me from doing daily activities

Any additional comments you may have

Physician Comments Below Only
