



AHBPCE Respiratory Questionnaire

Last Updated June 2023

Do you currently have any of the following symptoms?

- Cough for more than 3 weeks? (Yes/No)
- Sputum or phlegm production? (Yes/No)
- Wheezing or whistling in the chest? (Yes/No)
- Shortness of breath; breathlessness? (Yes/No)
- Decreased ability to exercise? (Yes/No)
- Hay fever or other respiratory allergy? (Yes/No)
- Sore throat, hoarseness or change in voice? (Yes/No)
- Chest pain, chest discomfort or chest tightness? (Yes/No)
- Chronic sinus infection/sinusitis? (Yes/No)

How would you rate your shortness of breath or breathlessness?¹ (Choose one)

- Not troubled by breathlessness, except during exercise.
- Short of breath when hurrying on level ground or walking up a slight hill.
- Walking slower than most people on level ground, stopping after one mile, or stopping after 15 minutes of walking at your own pace.
- Stopping for breath after walking about 100 yards or after a few minutes of walking on level ground.
- Too breathless to leave the house, or breathless when dressing or undressing.

Rate each item.²

	Not at all difficult.	Only a little difficult.	Somewhat difficult.	Very difficult.	Cannot do it at all.	Do not do this activity.	Do not know.
How difficult is it to run or jog one mile on a level surface?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How difficult is it to walk one mile on a level surface?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How difficult is it to walk a quarter of a mile (about 3 city blocks)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How difficult is it to walk up a hill or incline?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How difficult is it to walk up 10 steps or climb a flight of stairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Below you will find a list of symptoms and social/emotional consequences of your rhinosinusitis. Please answer them to the best of your ability. There are no wrong answers, and only you can provide this information. **Please rate your problems as they have been over the PAST TWO WEEKS.**

Considering how severe the problem is when you experience it and how frequently it happens, please rate each item below on how “bad” it is by using this scale: (Choose one answer for each item.)³

	No problem	Very mild problem	Mild or slight problem	Moderate problem	Severe problem	Problem as bad as it can be	5 Most important Problems
Need to blow nose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sneezing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-nasal discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thick nasal discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ear fullness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ear pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facial pain/pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹Adapted from: Altman, B. M., Bernstein, A. (2008, July). Disability and health in the United States, 2001-2005. Centers for Disease Control and Prevention, DHHS publication; no. (PHS) 2008-1035.

²Adapted from: Fletcher CM, Elmes PC, Fairbairn MB, et al. The significance of respiratory symptoms and the diagnosis of chronic bronchitis in a working population. *British Medical Journal* 1959; 2:257.

³Adapted from: Hopkins C, Gillett S, Slack R, Lund VJ, Browne JP. Psychometric validity of the 22-item Sinonasal Outcome Test. *Clin Otolaryngol.* 2009;34(5):447-454.