

I.D: _____

Below you will find a list of symptoms and social/emotional consequences of your tonsillitis. We would like to know more about these problems and would appreciate your answering the following questions to the best of your ability. There are no right or wrong answers, and only you can provide us with this information. Please rate your problems as they have been over the past two weeks. Thank you for your participation. Do not hesitate to ask for assistance if necessary.

1. 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 circling the number that corresponds with how you feel using this scale: →

	No problem	Very mild problem	Mild or slight problem	Moderate Problem	Severe Problem	Problem as bad as it can be	5 Most Important Items
1. Snoring loudly during sleep	0	1	2	3	4	5	<input type="radio"/>
2. Irregular or stopped breathing during sleep	0	1	2	3	4	5	<input type="radio"/>
3. Daytime sleepiness	0	1	2	3	4	5	<input type="radio"/>
4. Noisy breathing during the day	0	1	2	3	4	5	<input type="radio"/>
5. Breathing through your mouth during the day	0	1	2	3	4	5	<input type="radio"/>
6. Poor appetite/poor eating habits (choking, etc.)	0	1	2	3	4	5	<input type="radio"/>
7. Frequent earache or ear infection	0	1	2	3	4	5	<input type="radio"/>
8. Repeated short-term throat infections (<2weeks)	0	1	2	3	4	5	<input type="radio"/>
9. Constant or chronic throat infections (>2weeks)	0	1	2	3	4	5	<input type="radio"/>
10. Many phone calls to the doctor	0	1	2	3	4	5	<input type="radio"/>
11. Many visits to the doctor	0	1	2	3	4	5	<input type="radio"/>
12. Using antibiotics for less than 2 weeks at a time	0	1	2	3	4	5	<input type="radio"/>
13. Using antibiotics for more than 2 weeks at a time	0	1	2	3	4	5	<input type="radio"/>
14. Missing school or a parent missing work due to tonsil symptoms	0	1	2	3	4	5	<input type="radio"/>

2. Please mark the most important items affecting your health (maximum of 5 items) _____ ↑