

SINUS QUESTIONNAIRE

NAME: _____ DOB: _____ DATE: _____

SINO-NASAL OUTCOME TEST-13

Below you will find a list of symptoms and social/emotional consequences of your rhino sinusitis. 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 problems	Mild or Slight Problems	Moderate Problems	Severe Problems	Mark the 5 Most Important Problems
1. Nasal Congestion	0	1	2	3	○
2. Sneezing	0	1	2	3	○
3. Runny nose	0	1	2	3	○
4. Nasal septal deviation	0	1	2	3	○
5. Post-nasal discharge	0	1	2	3	○
6. Thick-nasal discharge	0	1	2	3	○
7. Ear fullness	0	1	2	3	○
8. Headache	0	1	2	3	○
9. Facial pain/pressure	0	1	2	3	○
10. Fatigue	0	1	2	3	○

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

3. Have you ever been allergy tested? _____

a. If yes, by which method: Blood test _____ Skin prick test _____

4. Results? Positive _____ Negative _____

a. If positive, what were you allergic to? _____

NAME: _____ DOB: _____ DATE: _____

1. When were you last seen by your primary care provider?

- _____ This week
- _____ One week to one month ago
- _____ One month ago to three months ago
- _____ Three months to six months ago
- _____ Six months to one year ago

2. Please indicate the overall amount of disturbance or "bother" that you experience in your life as a result of your rhinosinusitis problems:

- _____ Not bothered
- _____ Mild or slight bothered
- _____ Moderate
- _____ Bothered a lot
- _____ Extremely bothered

3. How long have you been experiencing your current symptoms?

- _____ I am not experiencing any symptoms now
- _____ 2 - 4 weeks
- _____ Greater than 4 weeks but less than 6 weeks
- _____ 6 weeks to 3 months
- _____ Greater than 3 months
- _____ Unsure

4. What rhinosinusitis medications or treatments are you using now or have used since developing your present symptoms? (Please check all that apply)

- _____ None
- _____ Non-drug methods (example: steam inhalations, warm packs)
- _____ Saline nasal sprays, drops or nasal emollients.
- _____ "Over the counter" decongestant nasal sprays or drops (example: Neosynephrine, Afrin)
- _____ Decongestant (examples: Sudafed, Mucinex D)
- _____ Antihistamines (Examples: Benadryl, Claritin, Clarinex, Zyrtec, Allegra, Alavent)
- _____ Antibiotics (examples: amoxicillin, Z-Pak Levaquin, Ceftin, Cipro, Suprax)
- _____ Oral Steroids (examples: Prednisone, Medrol dose pack)
- _____ Nasal Cromlyn sprays (example: Nasalcrom)
- _____ Nasal Steroid sprays (examples: Flonase, Nasonex, Nasacort Aqua, Omnaris)
- _____ Allergy shots

5. Have you ever had sinus or nose surgery? If so, please describe:

Date

Type

6. Have you had any prior imaging studies performed regarding this issue? If so, please describe:

NAME: _____ DOB: _____ DATE: _____

ALLERGY MEDICATION QUESTIONNAIRE

Have you tried any of the following?	Yes/No	Results
1. Claritin	_____	_____
2. Claritin D 12 hr	_____	_____
3. Claritin D 24 hr	_____	_____
4. Allegra (plain)	_____	_____
5. Allegra D 12 hr	_____	_____
6. Allegra D 24 hr	_____	_____
7. Zyrtec	_____	_____
8. Zyrtec D	_____	_____
9. Singulair	_____	_____
10. Benadryl	_____	_____
11. Clarinex	_____	_____
12. Xyzal	_____	_____
13. Flonase	_____	_____
14. Nasacort	_____	_____
15. Astepro	_____	_____
16. Astelin	_____	_____
17. Nasonex	_____	_____
18. Rhinocort	_____	_____
19. Atrovent	_____	_____
20. Omnaris	_____	_____

OTHER:

_____	_____	_____
_____	_____	_____