

Nasal and Sinus Symptom Questionnaire

Patient Name: _____

Today's Date: _____

Which of the following symptoms currently bother you? (check all that apply)

<input type="checkbox"/>	Bad breath	<input type="checkbox"/>	Headache
<input type="checkbox"/>	Cough	<input type="checkbox"/>	Itchy ears
<input type="checkbox"/>	Dental pain	<input type="checkbox"/>	Itchy eyes
<input type="checkbox"/>	Dark circles under the eyes / puffy eyes	<input type="checkbox"/>	Itchy nose
<input type="checkbox"/>	Decreased sense of smell	<input type="checkbox"/>	Nasal discharge / pus / discolored drainage
<input type="checkbox"/>	Ear pain / pressure / fullness	<input type="checkbox"/>	Nasal obstruction / blockage
<input type="checkbox"/>	Facial pain / pressure	<input type="checkbox"/>	Runny nose
<input type="checkbox"/>	Facial congestion / fullness	<input type="checkbox"/>	Sneezing
<input type="checkbox"/>	Fatigue	<input type="checkbox"/>	Watery eyes
<input type="checkbox"/>	Fever	<input type="checkbox"/>	Other:

The above symptoms are: Intermittent Continuous

Which of the above symptoms would be rate as the #1 main complaint: _____

How many sinus infections have you been treated for in the last year? _____

How long do your symptoms last when you have a sinus infection?

- Less than 10 days
- More than 10 days and less than 4 weeks
- More than 4 weeks and less than 12 weeks
- More than 12 weeks

How long have you had sinus problems? Weeks Months Years

Please name the medications you have taken for your symptoms:

Antibiotics: _____
 Amoxicillin Augmentin 875 Augmentin XR Bactrim DS Biaxin Ceftin Cefzil
 Cipro Clindamycin Levaquin 500 Levaquin 750 Avelox Omnicef Zithromax

Nasal sprays: _____
 Flonase Rhinocort Nasonex Nasacort AQ Nasarel Veramyst Atrovent

Other oral pills: _____
 Claritin Claritin-D Clarinex Zyrtec Zyrtec-D Allegra Allegra-D

Have you ever taken oral steroids? (Medrol, Z-pack, Prednisone)? Yes No

YES	NO	
		MEDICAL HISTORY:
		Have you had sinus surgery?
		Do you have asthma?
		Have you ever been told you have nasal / sinus polyps?
		Are you allergic to or sensitive to aspirin?
		Do you smoke?
		ALLERGY HISTORY:
		Have you been allergy tested?
		What were you allergic to?
		Are your symptoms all year round?
		Are your symptoms seasonal? (i.e., Spring, Summer, Fall)
		Do any of these agents trigger your nasal symptoms?
		Work
		Home
		Weather Variables
		Temperature
		Air pollutant
		Hot spicy foods
		Bright lights
		Upper respiratory infections
		Contact with pets (i.e., dogs, cats, birds)
		Exercise
		Newspaper ink
		Humidity
		Rain / Storm
		Tobacco smoke
		Odors / Perfume
		Soap powder
		Automobile exhaust fumes