

Nasal and Sinus Symptom Questionnaire

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

Facial pain/pressure	Decreased sense of smell
Facial congestion/Fullness	Nasal discharge/ pus/ discolored postnasal drainage
Nasal obstruction/ blockage	Fever Dental pain Ear pain/pressure
Headache	Bad breath Cough Fatigue
Other _____	

The above symptoms are: intermittent Continuous

What one symptom can we help you with? (What is your number one complaint?)

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

Please name the medications you have taken for your symptoms:

Antibiotics: _____

Nasal Sprays: _____

Other Oral Pills: _____

Have you ever taken oral steroids (Medrol, Predisone)? Yes No

Have you had sinus surgery? Yes No

If so please list the dates & what procedure(s) you were told was/were performed:

Do you have asthma? Yes No

Have you been told you have nasal/sinus polyps? Yes No

Are you allergic to/ sensitive to Aspirin? Yes No

Do you smoke? Yes No

Do you have environmental allergies? (e.g., hay fever, seasonal allergies, dust) Yes No

Have your undergone allergy testing? Yes No

Please list your allergies? _____

How have your allergies been treated?

Allergy shots Yes No

Medications Yes No

If yes please list: (e.g., Claritin, Zyrtec, Allegra, Astelin, Flonase, Rhinocort, Nasonex, Etc.):

Did your environment change prior to the onset of your problems? Yes No

If so, in what way? _____

Are you exposed to chemicals in your occupation or have you noticed an increase in nasal or sinus symptoms around certain chemicals/aromas? Yes No

If yes, please list: _____

Do you travel frequently? Yes No Do you frequently suffer with colds? Yes No

Do you frequently come in contact with sick people? Yes No

Are you suffering a significant amount of stress? Yes No
