SINUS and NASAL QUESTIONNAIRE   Please answer each line of questions

Symptoms	please circle: rating your symptoms on a scale of 1 to 5 1 = No Problem 3 = Moderate 5 =Severe					Circle One
Nasai breathing right	1	2	3	4	5	constant intermittent
Nasal breathing left	1	2	3	4	5	constant intermittent
Nasal mucus (eft	1	2	3	4	5	constant intermittent
Nasal mucus right	1	2	3	4	5	constant intermittent
Runny nose right	1	2	3	4	5	constant intermittent
Runny nose left	1	2	3	4	5	constant intermittent
Nasai crusting right	1	2	3	4	5	constant intermittent
Nasai crusting left	1	2	3	4	5	constant intermittent
Headache top of head	1	2	3	4	5	constant intermittent
Headache forehead	1	2	3	4	5	constant intermittent
Headache between eyes	1	2	3	4	5	constant intermittent
Headache behind eyes	1	2	3	4	5	constant intermittent
Facial pain right	1	2	3	4	5	constant intermittent
Facial pain left	1	2	3	4	5	constant intermittent
Ear pain right	1	2	3	4	5	constant intermittent
Ear pain left	1	2	3	4	5	constant intermittent
Ear blockage right	1	2	3	4	5	constant intermittent
Ear blockage left	1	2	3	4	5	constant intermittent
Hearing loss right	1	2	3	4	5	constant intermittent
Hearing loss left	1	2	3	4	5	constant intermittent
Sense of smell	1	2	3	4	5	constant intermittent
Sense of taste	1	2	3	4	5	constant intermittent
Dry cough	1	2	3	4	5	constant intermittent
Hoarseness	1	2	3	4	5	constant intermittent
Sore throat	1	2	3	4	5	constant intermittent
Sneezing	1	2	3	4	5	constant intermittent
Burning / Itchy Eyes	1	2	3	4	5	constant intermittent
[Postnasal drip	1	2	3	4	5	constant intermittent

1. How many times a year do you get an acute sinus infection?   -
2. List your symptoms for an acute sinus infection:
3. If you get an acute sinus infection, is it usually preceded by a cold?
4. Have you had allergy testing?

If yes, what did it show?

5. List all the over-the-counter nasal and sinus medication you have tried (including sprays):

6. List all the prescription nasal and sinus medication you have tried (including sprays):
    7. Have you had any previous nasal or sinus surgery?

Patient Name   **Today's date:**

for physician use.   ,
    CT STAGE:
    Endoscopic findings: