

Crystal Community ENT SYMPTOM ASSESSMENT WORKSHEET

Name: _____

Date: _____ Age: _____ Gender: _____

Baseline Post-procedure _____ weeks

Below you will find a list of symptoms and social/emotional consequences of your rhinosinusitis. 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. Rate your symptoms as they have been over the past two weeks giving consideration to the severity and frequency of the problem when it occurs. Please rate each item below by circling the corresponding number using the scale provided. In the far right column indicate with an "x" five items most important to you.

| | No Problem | Very Mild | Mild to Moderate | Moderate | Severe | As Bad As It Can Be | Five Most Important Items | Subtotal Symptom Score |
|---------------------------------|------------|-----------|------------------|----------|--------|---------------------|---------------------------|------------------------|
| 1. Need to blow nose | 0 | 1 | 2 | 3 | 4 | 5 | | |
| 2. Sneezing | 0 | 1 | 2 | 3 | 4 | 5 | | |
| 3. Runny nose | 0 | 1 | 2 | 3 | 4 | 5 | | |
| 4. Cough | 0 | 1 | 2 | 3 | 4 | 5 | | |
| 5. Post-nasal discharge | 0 | 1 | 2 | 3 | 4 | 5 | | |
| 6. Thick nasal discharge | 0 | 1 | 2 | 3 | 4 | 5 | | |
| 7. Ear fullness | 0 | 1 | 2 | 3 | 4 | 5 | | |
| 8. Dizziness | 0 | 1 | 2 | 3 | 4 | 5 | | |
| 9. Ear pain | 0 | 1 | 2 | 3 | 4 | 5 | | |
| 10. Facial pain/pressure | 0 | 1 | 2 | 3 | 4 | 5 | | |
| 11. Difficulty falling asleep | 0 | 1 | 2 | 3 | 4 | 5 | | |
| 12. Wake up prematurely | 0 | 1 | 2 | 3 | 4 | 5 | | |
| 13. Poor quality of sleep | 0 | 1 | 2 | 3 | 4 | 5 | | |
| 14. Wake up tired | 0 | 1 | 2 | 3 | 4 | 5 | | |
| 15. Fatigue throughout day | 0 | 1 | 2 | 3 | 4 | 5 | | |
| 16. Reduced productivity | 0 | 1 | 2 | 3 | 4 | 5 | | |
| 17. Reduced concentration | 0 | 1 | 2 | 3 | 4 | 5 | | |
| 18. Restless/irritable/agitated | 0 | 1 | 2 | 3 | 4 | 5 | | |
| 19. Sad | 0 | 1 | 2 | 3 | 4 | 5 | | |
| 20. Embarrassed | 0 | 1 | 2 | 3 | 4 | 5 | | |

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|----------------------------|--|
| TOTAL SYMPTOM SCORE | |
|----------------------------|--|