

Crystal Community ENT Symptom Assessment Worksheet

Name: _____

Today's Date: _____ Age: _____ Gender: Male Female

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. 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

Baseline Post-procedure _____ weeks

	No Problem	Very Mild	Mild to Moderate	Moderate	Severe	As Bad as it can be	5 most important items	Subtotal 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 the 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		

Total Score _____

