Crystal Community ENT Symptom

Nasal and Sinus Symptom Questionnaire

Patient Name:_____ Date:_____

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

□ Facial pain/pressure
□ Facial congestion/fullness
□ Nasal obstruction/blockage
□ Headache □ Bad breath
□ Fatigue □ Dental pain
□ Sneezing □ Runny nose
□ Watery eyes □ Itchy eyes
□ Dark circles under the eyes/puffy eyes
□ Decreased sense of smell
□ Nasal discharge/pus/discolored postnasal drainage
□ Fever
□ Cough
□ Ear pain/pressure/fullness
□ Itchy nose
□ Itchy ears □ Other _____

The above symptoms are: □ Intermittent □ Continuous

In the list above, circle your main complaint.

1. How many sinus infections have you been treated for in the last year? _____
2. Please name the medications have you taken for your symptoms.
   Antibiotics: _____
   Nasal sprays: _____
   Other oral pills: _____
   Please circle allergy medication you have taken in the past or are currently taking:
   Claritin Clarinex Zyrtec Allegra Astelin Flonase Rhinocort Nasonex Nasocort Nasarel Atrovent
3. Have you ever taken oral steroids (Medrol, Prednisone)? □Yes □No
4. Have you had sinus surgery? □ Yes □No
   If so, please list the dates and what procedure(s) you were told was/were performed:
   _____
5. Do you have asthma? □Yes □No
6. Have you been told you have nasal/sinus polyps? □ Yes □No
7. Are you allergic to/sensitive to aspirin? □Yes □No
8. Do you smoke? □ Yes □No
9. Do you have environmental allergies? (e.g., hayfever, seasonal allergies, dust) □ Yes □ No
10. If so, have you undergone allergy testing? □ Yes □ No
    Please list your sensitivities/allergies. _____
11. How have your allergies been treated? **Allergy shots** □Yes □No **Medications** □Yes □No
12. Did your environment change prior to the onset of your problems? □Yes □No
    If so, in what way? (e.g., house move, new office) _____
13. 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 your sensitivities_____