

Sinusitis Questionnaire

Name: _____

DOB: _____

Date: _____

Please rate the following individual items based on your AVERAGE symptoms over the previous 12 WEEKS. Symptoms that are not present or have been present for less than 12 weeks should be scored as 0. Please circle the appropriate number.

	Absent	Very Mild	Mild	Moderate	Severe	Very Severe
Facial pain/pressure.....	0	1	2	3	4	5
Facial congestion/fullness.....	0	1	2	3	4	5
Nasal obstruction/blockage.....	0	1	2	3	4	5
Discolored or pus nasal discharge or post-nasal drip.....	0	1	2	3	4	5
Decreased sense of smell.....	0	1	2	3	4	5
Headache.....	0	1	2	3	4	5
Fever.....	0	1	2	3	4	5
Halitosis (bad breath)	0	1	2	3	4	5
Fatigue (tiredness).....	0	1	2	3	4	5
Dental pain.....	0	1	2	3	4	5
Cough.....	0	1	2	3	4	5
Ear pain/pressure/fullness.....	0	1	2	3	4	5

Please estimate your medication usage as indicated below based on your care for the last 12 months:

Nasal steroid sprays (Vancenase, Flonase, Nasonex, Rhinocort, Nasacort, etc)

I currently use these medications Y N

I used these medications for a total of _____ weeks in the last 12 months

Anti-histamines (Allegra, Claritin, Zyrtec, etc)

I currently use these medications Y N

I used these medications for a total of _____ weeks in the last 12 months

Antibiotics

Number of courses in last 12 months _____

I spent a total of _____ weeks on antibiotics in the last 12 months

My longest course of antibiotics lasted _____ days

Please comment on how the nasal problem has affected your recent work and social status as listed below

In the last 12 months, I missed a total of _____ days of work/school due to nasal problems

In the last 12 months, I did not leave home for _____ days due to my nasal problems

In the last 12 months, I visited a doctor or nurse _____ times for my nasal problems

In the last 12 months, I had _____ acute infections of my nose/sinuses