

CENTRAL OHIO EAR, NOSE AND THROAT, INC.

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NASAL/SINUS QUESTIONNAIRE

NAME _____ DATE _____ AGE _____

PLEASE CHECK THE ANSWER THAT BEST DESCRIBES YOUR EXPERIENCES OR
FILL IN THE INFORMATION WHERE REQUESTED.

YES NO

- ___ ___ 1) Did you have nasal/sinus problems as a child?
___ ___ a. Frequent colds
___ ___ b. Tonsil & adenoid problems
___ ___ c. Ear infections
___ ___ d. Allergies
- ___ ___ 2) Did you have nasal/sinus problems as a young adult?
___ ___ a. Frequent colds
___ ___ b. Tonsil & adenoid problems
___ ___ c. Ear infections
___ ___ d. Allergies
- ___ ___ 3) What are your nasal/sinus problems as an adult?
___ ___ a. Frequent colds
___ ___ b. Sinus infections
 ___ Summer
 ___ Fall
 ___ Winter
 ___ Spring
___ ___ c. Ear problems
___ ___ 1. Ear infections
___ ___ 2. Ear pressure
- ___ ___ 4) What are the symptoms of your nasal/sinus problems?
___ ___ a. Do you have nasal congestion often?
 1. When?
 ___ AM
 ___ PM
 ___ at night
 2. Which nasal passages?
 ___ Right
 ___ Left
 ___ Both
 ___ Alternating

YES NO

PG 2

___ ___

b. Do you have facial pressure or pain?

1. Where?

___ Forehead ___ right ___ left

___ Between eyes

___ Behind or in eyes ___ right ___ left

___ Face ___ right ___ left

___ Teeth ___ right ___ left

2. What triggers your facial pressure?

___ Weather

___ Allergies

___ Odors

___ Other

___ ___

c. Do you have nasal drainage out the front of your nose?

1. When?

___ AM

___ PM

___ at night

2. Color

___ Clear

___ Green

___ Yellow

3. Texture

___ Thick

___ Thin

d. Do you sneeze frequently?

1. When?

___ AM

___ PM

___ at night

2. Where?

___ Indoors

___ Outside

3. What triggers your sneezing?

___ Light

___ Temperature changes

___ Odors

___ Dust

___ Mold

___ Pollen

___ Animals

___ ___

5) Have you undergone allergy tests?

a. When? _____

b. Type?

- skin tests
- blood tests

c. Results – allergic to:

- trees
- grasses
- weeds
- molds
- dust
- animal dander
- foods
- other

6) Do you have asthma?

7) Do you have a bad reaction to aspirin or other arthritis/pain-type medications?

8) Have you been treated for nasal/sinus symptoms?

a. Over-the-counter medicines?

List

b. Antihistamines?

- Claritin
- Allegra
- Zyrtec
- Hismanal
- Other

c. Decongestants?

- Sudafed
- Entex
- Other

d. Nasal steroid sprays?

- Vancenase (regular ___/AQ___)
- Beconase
- Nasacort
- Rhinocort
- Flonase
- Nasonex
- Other

YES NO

PG 4

___ ___

e. Other nasal sprays

- ___ Afrin
- ___ Astelin
- ___ Atrovent
- ___ salt water

9) What medicines give you relief?

List

___ ___

10) Have you undergone nasal/sinus surgery?

a. When? _____

b. Type of surgery

- ___ straighten nasal septum
- ___ endoscopic sinus surgery
- ___ nasal turbinate surgery
- ___ Caldwell Luc surgery
- ___ Other

___ ___

11) Have you undergone sinus x-rays/CT scans?

a. When? _____

___ ___

12) Do you experience other types of infections frequently?

___ ___
___ ___
___ ___
___ ___
___ ___
___ ___

- a. Bronchitis
- b. Pneumonia
- c. Urinary tract
- d. Skin
- e. Other