

# 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