

# SINUS QUESTIONNAIRE

NAME \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you think you have sinus problems?  Yes  No If yes, for how long? \_\_\_\_\_

Do you have **Nasal Congestion** (difficulty breathing through the nose)?  Yes  No  Yes, this is my main complaint.

Is this congestion/obstruction  Constant  Intermittent

Which side is worse?  Right side  Left side  Both sides are stuffy

For how long have you had nasal congestion/obstruction?  Less than 2 months  One year or less  
 Between one and two years. Other \_\_\_\_\_

Do you have **discharge** or drainage from your nose?  Yes  No. Is the drainage or discharge mainly from the Front of nose  Back of nose into throat(post nasal drip)  From both areas . Is there a great deal of discharge?  Yes  No. What if the quality of the drainage or discharge?  Watery  Tenacious(thick). What is the color of the discharge?  Clear  White(opaque)  Discolored(yellow, green, etc.)

Is your **sense of smell**  Good  Poor: I notice a bad smell (odor)  Yes  No

Are **headaches or facial pain** part of your sinus symptoms?  Yes  No  Yes, this is my main complaint.

How long have you had headaches/pain?  Less than 2 months  Less than 2 years  More than 2 years.

Other \_\_\_\_\_

Where do you feel this headache/pain?  Forehead  Top of the head  Upper teeth  Inner angle of the eye, bridge of nose  Behind eye(s). Other \_\_\_\_\_

How would you describe this pain?  Pressure  Throbbing  Sharp Other \_\_\_\_\_

Does your headache/pain get worse with a cold?  Yes  No With flying?  Yes  No

Do you have **recurrent infections**? (worsening of normal problems)  Yes  No  Yes, this is my main complaint.

How many infections have you had this past year? \_\_\_\_\_ Last year \_\_\_\_\_

What other sinus-related complaints do you have? \_\_\_\_\_

Do you have **allergies**?  Yes  No  I don't know. Have you had allergy testing?  No  Yes, and I am allergic to \_\_\_\_\_

Have you taken allergy shots?  Yes  No If yes, when? \_\_\_\_\_

Do you or have had **asthma** or asthmatic bronchitis?  Yes  No.

What medicines do you take for asthma or bronchitis? \_\_\_\_\_

## Please indicate the types (and names) of drugs used to treat your sinus problem.

ANTIBIOTIC  Yes  No (if yes, identify below):

AMOXACILLIN  AVELOX  CEFTIN  AUGMENTIN  SEPTRA  CIPRO  LEVAQUIN  
 TEQUIN  KETEX

Other (specify) \_\_\_\_\_

Have antibiotics helped?  Yes  No  Temporarily or partially

ANTIHISTAMINE and/or DECONGESTANT:  Yes  No

Have these medications helped?  Yes  No  Temporarily or partially

STERIOD NASAL SPRAY:  Yes [Rhinocort, Nasonex, Flonase, Nasacort, Nasarel]  No

Have these sprays helped?  Yes  No  Temporarily or partially

ORAL STEROIDS  Yes [Prednisone, Medrol]  No

Have these medications helped?  Yes  No  Temporarily or partially

Do you use SaltAire or another sinus wash?  Yes  No

Have you had any previous nasal or sinus surgery? Type \_\_\_\_\_ Date \_\_\_\_\_

Type \_\_\_\_\_ Date \_\_\_\_\_

Have you used antacid medications?  Yes  No

