

Manchester Ear, Nose & Throat Center, LLC

2800 Tamarack Avenue - Suite 102

South Windsor, CT 06074

SINUSITIS QUESTIONNAIRE

Over the past 6 months or so, how bad have each of the following problems been?

	None		Mild		Moderate		Severe	
Facial Pain	1	2	3	4	5	6	7	
Facial Pressure	1	2	3	4	5	6	7	
Headache	1	2	3	4	5	6	7	
Clear Nasal Drainage	1	2	3	4	5	6	7	
Green/Yellow Drainage	1	2	3	4	5	6	7	
Nasal Congestion	1	2	3	4	5	6	7	
Decreased Smell	1	2	3	4	5	6	7	
Worsening Asthma	N/A	1	2	3	4	5	6	7
Decreased Energy	1	2	3	4	5	6	7	
All Symptoms Together	1	2	3	4	5	6	7	

Which of the above is the worst problem for you? _____

If you have facial pain or headache, where is the pain worst? _____

Do you have environmental allergies? yes no If yes, have you had skin tests for allergies? yes no

Do you use tobacco? yes no If yes, how much do you smoke each day? _____

Are you exposed to cigarette smoke from others? yes no

Have you used steroid nasal spray in the past (Beconase, Nasacort, Rhinocort, Flonase)? yes no

If you have used steroid spray, how long did you use it and did it help? _____

Does the use of antibiotics help your symptoms? yes no

Have you ever had sinus surgery? yes no

Your name: _____

Date: _____