

Name _____

Patient Survey RHINITIS

Age _____ Date _____

Before you started your current allergy treatment, how bad were these symptoms when your allergies were most active?

| | No problem | Minimal problem | Mild problem | Moderate problem | Severe problem | Very severe problem |
|--------------------------|---------------|--------------------|-----------------|---------------------|-------------------|------------------------|
| Fatigue | 0 | 1 | 2 | 3 | 4 | 5 |
| Trouble sleeping | 0 | 1 | 2 | 3 | 4 | 5 |
| Irritability | 0 | 1 | 2 | 3 | 4 | 5 |
| Dizziness | 0 | 1 | 2 | 3 | 4 | 5 |
| Post-nasal drip | 0 | 1 | 2 | 3 | 4 | 5 |
| Sore throat | 0 | 1 | 2 | 3 | 4 | 5 |
| Sinus headache/pressure | 0 | 1 | 2 | 3 | 4 | 5 |
| Sneezing | 0 | 1 | 2 | 3 | 4 | 5 |
| Nasal itching | 0 | 1 | 2 | 3 | 4 | 5 |
| Nasal blockage | 0 | 1 | 2 | 3 | 4 | 5 |
| Nasal green/yellow mucus | 0 | 1 | 2 | 3 | 4 | 5 |
| Clear watery mucus | 0 | 1 | 2 | 3 | 4 | 5 |
| Loss of sense of smell | 0 | 1 | 2 | 3 | 4 | 5 |
| Snoring | 0 | 1 | 2 | 3 | 4 | 5 |
| Earache | 0 | 1 | 2 | 3 | 4 | 5 |
| Eye itching | 0 | 1 | 2 | 3 | 4 | 5 |
| Eye redness | 0 | 1 | 2 | 3 | 4 | 5 |
| Eye watering | 0 | 1 | 2 | 3 | 4 | 5 |
| Eye burning | 0 | 1 | 2 | 3 | 4 | 5 |
| Shortness of breath | 0 | 1 | 2 | 3 | 4 | 5 |
| Coughing | 0 | 1 | 2 | 3 | 4 | 5 |
| Wheezing | 0 | 1 | 2 | 3 | 4 | 5 |
| Chest tightness | 0 | 1 | 2 | 3 | 4 | 5 |
| Chest pain | 0 | 1 | 2 | 3 | 4 | 5 |
| Phlegm | 0 | 1 | 2 | 3 | 4 | 5 |

In the year before you started your current allergy treatment in this office, how many times did the following happen?

You missed work or school due to allergies, asthma, sinusitis, etc. _____

You went to the emergency room for an allergy-related problem _____

You were hospitalized for an allergy-related problem _____

You had nose, ear or sinus surgery, including tube placement _____

You used antibiotics for sinus, chest or ear infections _____

In the year **before** you started your current treatment, how many different **daily** medications, including nasal sprays, inhalers, eye drops and pills, were you taking?
