

Asthma & Allergy Care, P.C.

RHINO-SINUSITIS QUESTIONNAIRE

NAME _____ DATE _____

Below you will find a list of symptoms, functional limitations, and emotional consequences of your rhino sinusitis. We would like to know more about these problems and how they impact your life. There are no "right or wrong" answers and only you can provide us with this information. Do not hesitate to ask our doctors or staff for help if necessary. Please refer to the following instructions and scales and circle the number that most accurately describes your experience.

MAGNITUDE SCALE – Considering how severe the problem is, when you get it and how frequently it happens, please rate each item below on how "bad" it is using the following Scale.

- 0 = Not Present / No problem
1 = Very mild problem
2 = Mild to slight problem
3 = Moderate problem
4 = Severe problem
5 = Problem is as "bad as it can be"

IMPORTANCE SCALE - For each item that has a magnitude of 1,2,3,4 please rate how important it is to you. Use the following after scale.

- 1 = Somewhat important
2 = Somewhat important
3 = Moderately important
4 = Extremely important

NASAL SYMPTOMS

- 1. Stuffy / Blocked nose
2. Runny Nose
3. Sneezing
4. Decreased sense of smell or taste
5. Post-nasal discharge
6. Thick nasal discharge/ Debris

Table with 2 columns: MAGNITUDE and IMPORTANCE. Each row corresponds to a symptom with rating scales from 0-5 for magnitude and 1-4 for importance.

EYE SYMPTOMS

- 7. Itchy, watery eyes
8. Swollen / Sore eyes

Table with 2 columns: MAGNITUDE and IMPORTANCE. Each row corresponds to an eye symptom with rating scales from 0-5 for magnitude and 1-4 for importance.

SLEEP

- 9. Difficulty getting to sleep
10. Wake up during the night
11. Lack of a good night's sleep
12. Wake up tired

Table with 2 columns: MAGNITUDE and IMPORTANCE. Each row corresponds to a sleep symptom with rating scales from 0-5 for magnitude and 1-4 for importance.

EAR SYMPTOMS

- 13. Fullness
14. Ringing
15. Dizziness
16. Pain
17. Decreased hearing

Table with 2 columns: MAGNITUDE and IMPORTANCE. Each row corresponds to an ear symptom with rating scales from 0-5 for magnitude and 1-4 for importance.

GENERAL SYMPTOMS

- 18. Fatigue / Worn out
19. Reduced productivity

Table with 2 columns: MAGNITUDE and IMPORTANCE. Each row corresponds to a general symptom with rating scales from 0-5 for magnitude and 1-4 for importance.

20. Poor Concentration	0	1	2	3	4	5	__	1	2	3	4
21. Headache	0	1	2	3	4	5	__	1	2	3	4
22. Facial pain / Pressure	0	1	2	3	4	5	__	1	2	3	4
23. Cough	0	1	2	3	4	5	__	1	2	3	4
24. Shortness of breath	0	1	2	3	4	5	__	1	2	3	4

PRACTICAL PROBLEMS

25. Inconvenience of having to carry tissues / Handkerchief	0	1	2	3	4	5	__	1	2	3	4
26. Need to rub nose / Eyes	0	1	2	3	4	5	__	1	2	3	4
27. Need to blow nose repeatedly	0	1	2	3	4	5	__	1	2	3	4
28. Bad breath	0	1	2	3	4	5	__	1	2	3	4

EMOTIONAL CONSEQUENCES

29. Frustrated, impatient, restless irritable	0	1	2	3	4	5	__	1	2	3	4
30. Feeling depressed or sad	0	1	2	3	4	5	__	1	2	3	4

Please feel free to add any additional comments below. Thank you for your help.

Medications you are taking: _____

Questions for your doctor: _____

Instructions to attending physician:

Your signature below indicates that you have reviewed the information contained in the entire questionnaire and you have reviewed the pertinent or key findings with the patient and / or family. Key finding(s) must be summarized in your progress note; however the questionnaire may be referenced for additional details.

Dr. Signature _____ Date _____