



# Anne Arundel ENT & Facial Plastic Surgery

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600 Ridgely Ave., Suite 110  
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## SINUS PRE-TREATMENT QUESTIONNAIRE

Below you will find a list of symptoms and functional limitations of your rhinosinusitis. We would like to know more about these problems and would appreciate your answering the following questions to the best of your ability. There are no "right" or "wrong" answers, and only you can provide us with this information. Please rate your problems as they have been over the past two weeks.

### 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"

**Patient:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### NASAL SYMPTOMS

#### MAGNITUDE

- |   |                    |
|---|--------------------|
| 1. <b>Stuffy/blocked nose</b>               | <b>0 1 2 3 4 5</b> |
| 2. <b>Runny nose</b>                        | <b>0 1 2 3 4 5</b> |
| 3. <b>Sneezing</b>                          | <b>0 1 2 3 4 5</b> |
| 4. <b>Decreased sense of smell or taste</b> | <b>0 1 2 3 4 5</b> |
| 5. <b>Post-nasal discharge</b>              | <b>0 1 2 3 4 5</b> |
| 6. <b>Thick nasal discharge/debris</b>      | <b>0 1 2 3 4 5</b> |

#### EYE SYMPTOMS

#### MAGNITUDE

- |                              |                    |
|------------------------------|--------------------|
| 1. <b>Itchy, watery eyes</b> | <b>0 1 2 3 4 5</b> |
| 2. <b>Swollen, sore eyes</b> | <b>0 1 2 3 4 5</b> |



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### SLEEP

### MAGNITUDE

- |    |                              |   |   |   |   |   |   |
|----|------------------------------|---|---|---|---|---|---|
| 1. | Difficulty getting to sleep  | 0 | 1 | 2 | 3 | 4 | 5 |
| 2. | Wake up during the night     | 0 | 1 | 2 | 3 | 4 | 5 |
| 3. | Lack of a good night's sleep | 0 | 1 | 2 | 3 | 4 | 5 |
| 4. | Wake up tired                | 0 | 1 | 2 | 3 | 4 | 5 |

### EAR SYMPTOMS

### MAGNITUDE

- |    |                   |   |   |   |   |   |   |
|----|-------------------|---|---|---|---|---|---|
| 1. | Fullness          | 0 | 1 | 2 | 3 | 4 | 5 |
| 2. | Ringing           | 0 | 1 | 2 | 3 | 4 | 5 |
| 3. | Dizziness         | 0 | 1 | 2 | 3 | 4 | 5 |
| 4. | Pain              | 0 | 1 | 2 | 3 | 4 | 5 |
| 5. | Decreased Hearing | 0 | 1 | 2 | 3 | 4 | 5 |

### GENERAL SYMPTOMS

### MAGNITUDE

- |    |                      |   |   |   |   |   |   |
|----|----------------------|---|---|---|---|---|---|
| 1. | Fatigue/worn out     | 0 | 1 | 2 | 3 | 4 | 5 |
| 2. | Reduced productivity | 0 | 1 | 2 | 3 | 4 | 5 |
| 3. | Poor Concentration   | 0 | 1 | 2 | 3 | 4 | 5 |
| 4. | Headache             | 0 | 1 | 2 | 3 | 4 | 5 |
| 5. | Facial Pain/pressure | 0 | 1 | 2 | 3 | 4 | 5 |
| 6. | Cough                | 0 | 1 | 2 | 3 | 4 | 5 |
| 7. | Shortness of breath  | 0 | 1 | 2 | 3 | 4 | 5 |

### PRACTICAL PROBLEMS

### MAGNITUDE

- |    |                              |   |   |   |   |   |   |
|----|------------------------------|---|---|---|---|---|---|
| 1. | Constant use of tissues      | 0 | 1 | 2 | 3 | 4 | 5 |
| 2. | Need to rub nose/eyes        | 0 | 1 | 2 | 3 | 4 | 5 |
| 3. | Need to blow nose repeatedly | 0 | 1 | 2 | 3 | 4 | 5 |
| 4. | Bad breath                   | 0 | 1 | 2 | 3 | 4 | 5 |

### EMOTIONAL CONSEQUENCES

### MAGNITUDE

- |    |  |   |   |   |   |   |   |
|----|--|---|---|---|---|---|---|
| 1. | Furstrated, impatient, restless or irritable | 0 | 1 | 2 | 3 | 4 | 5 |
| 2. | Feeling depressed or sad                     | 0 | 1 | 2 | 3 | 4 | 5 |
| 3. | Embarrassed by your symptoms                 | 0 | 1 | 2 | 3 | 4 | 5 |