

Lawrence Otolaryngology Associates, LLC
Sinus Questionnaire

Patient Name: _____ **Date:** _____

So we can understand your concerns better, please answer these questions:

- 1) With your nose/sinus issues, do you have headaches? Yes__No__
- 2) With your nose/sinus issues, do your upper teeth hurt? Yes__No__
- 3) With your nose/sinus issue, do you regularly get drainage out the front of your nose? Yes__No__
What color is it? Clear /white /yellow/ green
- 4) With your nose/sinus issue, do you regularly get drainage down the back of your throat?
Yes__No__ What color is it? Clear /white /yellow/ green
- 5) Do you regularly have a cough? Yes__No__ Is it most common in the day/night/first thing in the morning?
- 6) Has there been any change in your voice? Yes__No__
- 7) Do you currently have asthma? Yes__No__
- 8) Do you have a sensitivity to aspirin or ibuprofen? Yes__No__
- 9) Do you regularly have a hard time getting air through your nose? Yes__No__
- 10) Do you have allergies or frequent sneezing or frequent itchy eyes? Yes__No__
- 11) Do you smoke or are you exposed to secondhand smoke? Yes__No__

What have you or your physician used to treat your symptoms?

- 1) Prescription nasal spray (examples are Flonase, Fluticasone, Nasacort, Nasonex, Omnaris) Yes__
No__ Did it help? Yes__No__
- 2) Saline nasal spray (examples are the neti pot, SinuCleanse, Ayr, Ocean) Yes__No__ Did it help?
Yes__No__
- 3) Decongestant nasal spray (examples are Afrin, Dristan, oxymetazoline) Yes__No__ Did it help?
Yes__No
- 4) Decongestants (such as Sudafed) Yes__No__ Did they help? Yes__No__
- 5) Antihistamines (examples are Claritin, Loratadine, Zyrtec, Cetirizine, Allegra, Fexofenadine)
Yes__No__ Did they help? Yes__No__
- 6) Breathe rite strips Yes__No__ Did they help? Yes__No__
- 7) Antibiotics Yes__No__
Please list:
 - a)
 - b)
 - c)
 - d)
 - e)
 - f)
 - g)
- 6) Allergy shots Yes__No__ Did they help? Yes__No__
- 7) Nasal or sinus surgery Yes__No__