

E.N.T. Voice & Sinus Center of Nevada
 Dr. Susan Schwartz
Rhino-Sinusitis Questionnaire

Patient Name: _____

Date: _____

Below, you will find a list of symptoms, functional limitations, and emotional consequences of your rhinosinusitis. 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 scale. 1= Not important 2= Somewhat important 3= Moderately important 4= Extremely important
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<u>NASAL SYMPTOMS</u>	<u>MAGNITUDE</u>	<u>IMPORTANCE</u>
1. Stuffy/Blocked nose	0 1 2 3 4 5	1 2 3 4
2. Runny nose	0 1 2 3 4 5	1 2 3 4
3. Sneezing	0 1 2 3 4 5	1 2 3 4
4. Decreased sense of smell or taste	0 1 2 3 4 5	1 2 3 4
5. Post-nasal discharge	0 1 2 3 4 5	1 2 3 4
6. Thick nasal discharge/Debris	0 1 2 3 4 5	1 2 3 4
<u>EYE SYMPTOMS</u>		
7. Itchy, watery eyes	0 1 2 3 4 5	1 2 3 4
8. Swollen/sore eyes	0 1 2 3 4 5	1 2 3 4
<u>SLEEP</u>		
9. Difficulty getting to sleep	0 1 2 3 4 5	1 2 3 4
10. Wake up during the night	0 1 2 3 4 5	1 2 3 4
11. Lack of good nights sleep	0 1 2 3 4 5	1 2 3 4
12. Wake up tired	0 1 2 3 4 5	1 2 3 4
<u>EAR SYMPTOMS</u>		
13. Fullness	0 1 2 3 4 5	1 2 3 4
14. Ringing	0 1 2 3 4 5	1 2 3 4
15. Dizziness	0 1 2 3 4 5	1 2 3 4
16. Pain	0 1 2 3 4 5	1 2 3 4
17. Decreased hearing	0 1 2 3 4 5	1 2 3 4
<u>GENERAL SYMPTOMS</u>		
18. Fatigue	0 1 2 3 4 5	1 2 3 4
19. Reduced productivity	0 1 2 3 4 5	1 2 3 4
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