# ALLERGIC SINUSITIS DETAILED QUESTIONNAIRE

**Name:**_____ **Date:**_____

**Age:**_____ **Sex:**_____ **Weight:**_____ **Height:**_____

**Address:**_____

**Phone #:**_____ **E-mail:**_____

**Current Medical Conditions:**_____

_____

**Have you been suffering from any of the following symptoms or conditions? Please indicate the frequency and severity of each by checking the appropriate box.**

**0 = never 1 = occasionally 2 = frequent but not severe 3 = occasional, moderate to severe**

***Signs & Symptoms*** **COMPLETE BY CIRCLING 0, 1, 2, 3**

| | | | | | |
|---|---|---|---|---|---|
| 1 | Chronic or intermittent pain/pressure in the cheeks and upper teeth, below the eyes, behind the nose &/or upper nose? | 0 | 1 | 2 | 3 |
| 2 | Headache? | 0 | 1 | 2 | 3 |
| 3 | Nasal congestion? | 0 | 1 | 2 | 3 |
| 4 | Runny nose? | 0 | 1 | 2 | 3 |
| 5 | Post-nasal drip? | 0 | 1 | 2 | 3 |
| 6 | Sneezing? | 0 | 1 | 2 | 3 |
| 7 | Thick discharge from the nose? | 0 | 1 | 2 | 3 |
| 8 | Loss or decrease in the sense of smell? | 0 | 1 | 2 | 3 |
| 9 | Loss or decrease ability to taste certain foods? | 0 | 1 | 2 | 3 |
| 10 | Repeated throat clearing? | 0 | 1 | 2 | 3 |
| 11 | Deviated nasal septum? | 0 | 1 | 2 | 3 |
| 12 | Nasal polyps (abnormal growth protruding inside nose)? | 0 | 1 | 2 | 3 |
| 13 | Recent upper respiratory infection which has lasted more than 10 days? | 0 | 1 | 2 | 3 |
| 14 | Asthma, chronic bronchitis, chronic cough and | 0 | 1 | 2 | 3 |
| 15 | Airborne allergies, hay fever or rhinitis? | 0 | 1 | 2 | 3 |
| 16 | Recurring middle ear infections (otitis media)? | 0 | 1 | 2 | 3 |
| 17 | Low grade fever? | 0 | 1 | 2 | 3 |
| 18 | Facial swelling, swelling under eyes? | 0 | 1 | 2 | 3 |
| 19 | Sensitive to aspirin, ibuprofen or other aspirin substitutes? | 0 | 1 | 2 | 3 |

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|---|---|---|---|---|---|
| **20** | **Above symptoms respond well to antibiotic therapy?** | **0** | **1** | **2** | **3** |
| **21** | **Above symptoms respond poorly to antibiotic therapy? (indicates noninfectious, allergic condition)** | **0** | **1** | **2** | **3** |
| **22** | **Sleep loss, snoring, sleep apnea** | **0** | **1** | **2** | **3** |
| **23** | **Daytime fatigue, brain fatigue, unclear thinking?** | **0** | **1** | **2** | **3** |

**TOTAL SCORE = _____**