

## SINUS/ALLERGY QUESTIONNAIRE

1. How long have you had sinus problems? \_\_\_\_\_

2. What antibiotics have you been on and for how many days? \_\_\_\_\_

How many infections do you get per year? \_\_\_\_\_

What antihistamines and nasal sprays have you tried? Did they help? \_\_\_\_\_

Have you been given Prednisone or steroids before? \_\_\_\_\_ When? \_\_\_\_\_

3. When did you complete your most recent antibiotic? \_\_\_\_\_

4. What treatment seemed to relieve your symptoms the best? \_\_\_\_\_

5. What are your sinus problems? \_\_\_\_\_

6. Do you have a hard time breathing out of your nose? Is one side worse than the other? \_\_\_\_\_

7. What one symptom bothers you the most? \_\_\_\_\_

8. What seasons bother you most? \_\_\_\_\_

9. What pets do you have? \_\_\_\_\_

How long have you had them? \_\_\_\_\_

10. Have you ever had any head or neck surgery? \_\_\_\_\_

When? \_\_\_\_\_

11. How is your sense of smell? \_\_\_\_\_

12. Have you been allergy tested in the past? \_\_\_\_\_

13. What allergy treatment have you had in the past (include medications and shot history)? \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_