Please Fast-Track

SANTA CRUZ
EAR, NOSE & THROAT
MEDICAL GROUP

Referral from :										
Pho	ne/Fax:									
How	did you hear about Balloon Sinuplasty™?									
	Newsletter									
	Web									
	Newspaper									
	Other:									

Santa Cruz 1595 Soquel Drive, Suite 230, Santa Cruz, CA 95065 Phone: (831) 476-4414 Freedom 243 Green Valley Rd. suite B, Freedom, CA 95019 Phone: (831) 724-9449

The following questionnaire is intended to help define your symptoms and provide valuable information and insights for your doctor. Answer the questions, rating to the best of your ability the problems you have experienced over the past two weeks.

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1. Consider how severe the problem is when you experience it and how frequently it happens, please rate each item below on how "bad" it is by circling the number that corresponds with how you feel. 2. Please mark the most important items affecting your health (maximum of 5 items).	No problem	Very mild problem	Mild or slight problem	Moderate problem	Severe problem	Problem as bad as it can be	5 most important items
1. Need to blow nose	0	1	2	3	4	5	0
2. Sneezing	0	1	2	3	4	5	0
3. Runny nose	0	1	2	3	4	5	0
4. Cough	0	1	2	3	4	5	0
5. Post-nasal discharge	0	1	2	3	4	5	0
6. Thick nasal discharge	0	1	2	3	4	5	0
7. Ear fullness	0	1	2	3	4	5	0
8. Dizziness	0	1	2	3	4	5	0
9. Ear pain	0	1	2	3	4	5	0
10. Facial pain / pressure	0	1	2	3	4	5	0
11. Difficulty falling asleep	0	1	2	3	4	5	0
12. Wake up at night	0	1	2	3	4	5	0
13. Lack of sleep	0	1	2	3	4	5	0
14. Wake up tired	0	1	2	3	4	5	0
15. Fatigue	0	1	2	3	4	5	0
16. Reduced productivity	0	1	2	3	4	5	0
17. Reduced concentration	0	1	2	3	4	5	0
18. Frustrated / restless / irritable	0	1	2	3	4	5	0
19. Sad	0	1	2	3	4	5	0
20. Embarrassed	0	1	2	3	4	5	0

@1996 by Jay F. Picirillo, M.D., Washington University School of Medicine, St. Louis, Missouri