



Symptom Assessment Worksheet

Name:

Today's Date:

Age:

Gender: male / female

Baseline

Post-procedure _____ weeks

Below you will find a list of symptoms and social/emotional consequences of your rhinosinusitis. We would like to know more about these problems and would appreciate your answering the following questions to the best of your ability. There are no right or wrong answers, and only you can provide us with this information. Rate your symptoms as they have been over the past two weeks giving consideration to the severity and frequency of the problem when it occurs. Please rate each item below by circling the corresponding number using the scale provided. In the far right column indicate with an "x" five items most important to you.

Please rate using 1-5 with 5 being the most severe.

1. Need to blow nose	1	2	3	4	5	_____
2. Sneezing	1	2	3	4	5	_____
3. Runny Nose	1	2	3	4	5	_____
4. Cough	1	2	3	4	5	_____
5. Post-nasal discharge	1	2	3	4	5	_____
6. Thick nasal discharge	1	2	3	4	5	_____
7. Ear fullness	1	2	3	4	5	_____
8. Dizziness	1	2	3	4	5	_____
9. Ear Pain	1	2	3	4	5	_____
10. Facial pain/pressure	1	2	3	4	5	_____
11. Difficulty falling asleep	1	2	3	4	5	_____
12. Wake up prematurely	1	2	3	4	5	_____
13. Poor quality of sleep	1	2	3	4	5	_____
14. Wake up tired	1	2	3	4	5	_____
15. Fatigue throughout the day	1	2	3	4	5	_____
16. Reduced productivity	1	2	3	4	5	_____
17. Reduced concentration	1	2	3	4	5	_____
18. Restless/irritable/agitated	1	2	3	4	5	_____
19. Sad	1	2	3	4	5	_____
20. Embarrassed	1	2	3	4	5	_____

TOTAL SYMPTOM SCORE: _____