

Date _____

Identification

After operation (answer when free of a cold/nasal infection)

NASAL SURGICAL QUESTIONNAIRE

Is your nasal breathing

- Completely improved Substantially improved Mildly improved Unchanged Worse

Rate your sense of obstruction

Put a mark on this scale
Open (0=completely open. 10= completely blocked.) **Blocked**

On a normal day 0-----10

At night 0-----10

During exercise 0-----10

Rate these nasal symptoms

	None	Slight	Moderate	Severe
Crusting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bleeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sneezing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secretion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nasal pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rate your use of nasal medication

	None	Slight	Moderate	Daily
Nonprescriptional nasal spray/drops (Naso/Nazaren/Otrivin/Rhinox/Zymelin/Zycomb)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corticosteroid nasal spray/drops (Avamys/Budesonid/Flutide nasal/ Nasacort/Nasonex/Rhinocort)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antihistamines (Aerius/Alzylr/Cetirizin/Clarityn/Kestine/ Loratadin/Telfast/Zyrtec/Xyzal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Smoking

- None 1-10 daily 11 or more daily

Do you suffer from nasal allergy

- Yes No Uncertain

If yes

do you have nasal allergy at present Yes No

do you use allergy medication at present Yes No