RuizENT

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# Sinus Quiz

Dr. Richard Ruiz is a firm believer that in order to facilitate successful sinus treatment, an accurate diagnosis needs to be made first.

This Sinus Quiz is intended to measure your symptoms along with the frequency and duration they occur. This quiz is simply a tool and can assist with a **full and accurate** diagnosis.

**PRINT FULL NAME** _____ **DATE**_____

- **Please check each box which applies to the symptoms you are experiencing.**

☐ Facial Pressure/Pain
☐ Headaches
☐ Congestion or Stuffy Nose
☐ Thick, Yellow-Green Nasal Discharge
☐ Low Fever (99-100 degrees)
☐ Bad Breath
☐ Pain in the Upper Teeth

- **Frequency and Duration Assessment**

**Please put a checkmark in the box next to the statements which apply to you.**

☐ I have experienced my symptoms for 10 or more days three, four, five or more times in the last 12 months, and periods without symptoms in between episodes.

☐ I have experienced my symptoms for 12 or more consecutive weeks.

- **Historical Therapy**

☐ Previously used Nasal Steroid Spray (which ones) _____

☐ Previously used antibiotics (which ones ) _____

☐ Previously used anti-histamines or other allergy medicines _____

☐ I have previously seen an allergist. _____

☐ I have previously seen a Neurologist for headaches. _____

**Thank You!**

**We appreciate you taking the time to fill out the Sinus Quiz!**

ID.:_____ **SINO-NASAL OUTCOME TEST (SNOT-22)** DATE:_____

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. Please rate your problems as they have been over the past two weeks. Thank you for your participation. Do not hesitate to ask for assistance if necessary.

| 1. Considering how severe the problem is when you experience it and how often it happens, please rate each item below on how "bad" it is by circling the number that corresponds with how you feel using this scale: → | 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 | | ○ |
| 2. **Nasal Blockage** | 0 | 1 | 2 | 3 | 4 | 5 | | ○ |
| 3. **Sneezing** | 0 | 1 | 2 | 3 | 4 | 5 | | ○ |
| 4. **Runny nose** | 0 | 1 | 2 | 3 | 4 | 5 | | ○ |
| 5. **Cough** | 0 | 1 | 2 | 3 | 4 | 5 | | ○ |
| 6. **Post-nasal discharge** | 0 | 1 | 2 | 3 | 4 | 5 | | ○ |
| 7. **Thick nasal discharge** | 0 | 1 | 2 | 3 | 4 | 5 | | ○ |
| 8. **Ear fullness** | 0 | 1 | 2 | 3 | 4 | 5 | | ○ |
| 9. **Dizziness** | 0 | 1 | 2 | 3 | 4 | 5 | | ○ |
| 10. **Ear pain** | 0 | 1 | 2 | 3 | 4 | 5 | | ○ |
| 11. **Facial pain/pressure** | 0 | 1 | 2 | 3 | 4 | 5 | | ○ |
| 12. **Decreased Sense of Smell/Taste** | 0 | 1 | 2 | 3 | 4 | 5 | | ○ |
| 13. **Difficulty falling asleep** | 0 | 1 | 2 | 3 | 4 | 5 | | ○ |
| 14. **Wake up at night** | 0 | 1 | 2 | 3 | 4 | 5 | | ○ |
| 15. **Lack of a good night's sleep** | 0 | 1 | 2 | 3 | 4 | 5 | | ○ |
| 16. **Wake up tired** | 0 | 1 | 2 | 3 | 4 | 5 | | ○ |
| 17. **Fatigue** | 0 | 1 | 2 | 3 | 4 | 5 | | ○ |
| 18. **Reduced productivity** | 0 | 1 | 2 | 3 | 4 | 5 | | ○ |
| 19. **Reduced concentration** | 0 | 1 | 2 | 3 | 4 | 5 | | ○ |
| 20. **Frustrated/restless/irritable** | 0 | 1 | 2 | 3 | 4 | 5 | | ○ |
| 21. **Sad** | 0 | 1 | 2 | 3 | 4 | 5 | | ○ |
| 22. **Embarrassed** | 0 | 1 | 2 | 3 | 4 | 5 | | ○ |

2. Please mark the most important items affecting your health (maximum of 5 items)_____ ↑


SNOT-22 Developed from modification of SNOT-20 by National Comparative Audit of Surgery for Nasal Polyposis and Rhinosinusitis Royal College of Surgeons of England.