

Ordering Physician

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SINUSITIS QUESTIONNAIRE

Name _____ Date _____

Please tell us more about your sinuses. Fill this form out to the best of your knowledge, and this will help with your diagnosis and treatment planning.

When was your first sinus infection (sinusitis)?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> 1 week ago | <input type="checkbox"/> 1 year ago |
| <input type="checkbox"/> 1 month ago | <input type="checkbox"/> 5 years ago |
| <input type="checkbox"/> 6 months ago | <input type="checkbox"/> More than 5 years ago |

What are your biggest symptoms (problems) when you have a sinus infection?

Please mark ALL that apply:

- | | |
|---|--|
| <input type="checkbox"/> Facial pain | <input type="checkbox"/> Loss of smell |
| <input type="checkbox"/> Post nasal drip (mucus runs down throat) | <input type="checkbox"/> Stuffiness |
| <input type="checkbox"/> Foul odor / taste | <input type="checkbox"/> Other: _____ |

Which antibiotics have you had in the last 6 months? (Mark ALL that apply):

- | | |
|---|---|
| <input type="checkbox"/> Amoxicillin | <input type="checkbox"/> Cleocin (clindamycin) |
| <input type="checkbox"/> Azithromycin (Zithromax) | <input type="checkbox"/> Ciprofloxacin (Cipro) |
| <input type="checkbox"/> Clarithromycin (Biaxin) | <input type="checkbox"/> Vibramycin (tetracycline) |
| <input type="checkbox"/> Ceftin (cefuroxime) | <input type="checkbox"/> Erythromycin |
| <input type="checkbox"/> Vantin (cefepodoxime) | <input type="checkbox"/> Sulfisoxazole/Trimethoprim (Septra, Bactrim) |
| <input type="checkbox"/> Augmentin® | <input type="checkbox"/> Other: _____ |

What other treatments have you tried? (Mark ALL that apply):

- | | |
|--|---|
| <input type="checkbox"/> Saline rinse | <input type="checkbox"/> SSKI |
| <input type="checkbox"/> Guaifenesin (Mucinex) | <input type="checkbox"/> Nasal Steroids (Flonase /Nasonex . Omnaris /Nasalide /Vancenase) |

Has there been any periods of relief during this illness? Yes No

If yes, how long? 1 week 1 month 6 months 1 year 5 years

Have you had a CAT Scan of your sinuses? Yes No

If yes, where and when?
