ENT & ALLERGY
ASSOCIATES OF LOS ANGELES

Patient Information

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.

First Name:	Middle Initial:	Last Name:
Date of Birth:	Phone Number:	

Problems

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 selecting the option that corresponds with how you feel.

Need to blow nose*
- ○ 0 - No problem
- ○ 1 - Very mild problem
- ○ 2 - Mild or slight problem
- ○ 3 - Moderate problem
- ○ 4 - Severe problem
- ○ 5 - Problem as bad as it can be

Sneezing*
- ○ 0 - No problem
- ○ 1 - Very mild problem
- ○ 2 - Mild or slight problem
- ○ 3 - Moderate problem
- ○ 4 - Severe problem
- ○ 5 - Problem as bad as it can be

Runny nose*
- ○ 0 - No problem
- ○ 1 - Very mild problem
- ○ 2 - Mild or slight problem
- ○ 3 - Moderate problem
- ○ 4 - Severe problem
- ○ 5 - Problem as bad as it can be

Cough*
- ○ 0 - No problem
- ○ 1 - Very mild problem
- ○ 2 - Mild or slight problem
- ○ 3 - Moderate problem
- ○ 4 - Severe problem
- ○ 5 - Problem as bad as it can be

Post-nasal discharge*
- ○ 0 - No problem
- ○ 1 - Very mild problem
- ○ 2 - Mild or slight problem
- ○ 3 - Moderate problem
- ○ 4 - Severe problem
- ○ 5 - Problem as bad as it can be

Thick nasal discharge*
- ○ 0 - No problem
- ○ 1 - Very mild problem
- ○ 2 - Mild or slight problem
- ○ 3 - Moderate problem
- ○ 4 - Severe problem
- ○ 5 - Problem as bad as it can be

Ear fullness*
- ○ 0 - No problem
- ○ 1 - Very mild problem
- ○ 2 - Mild or slight problem
- ○ 3 - Moderate problem
- ○ 4 - Severe problem
- ○ 5 - Problem as bad as it can be

Dizziness*
- ○ 0 - No problem
- ○ 1 - Very mild problem
- ○ 2 - Mild or slight problem
- ○ 3 - Moderate problem
- ○ 4 - Severe problem
- ○ 5 - Problem as bad as it can be

Ear pain*
- ○ 0 - No problem
- ○ 1 - Very mild problem
- ○ 2 - Mild or slight problem
- ○ 3 - Moderate problem
- ○ 4 - Severe problem
- ○ 5 - Problem as bad as it can be

Facial pain / pressure*
- ○ 0 - No problem
- ○ 1 - Very mild problem
- ○ 2 - Mild or slight problem
- ○ 3 - Moderate problem
- ○ 4 - Severe problem
- ○ 5 - Problem as bad as it can be

Difficulty falling asleep* ○ 0 - No problem ○ 1 - Very mild problem ○ 2 - Mild or slight problem ○ 3 - Moderate problem ○ 4 - Severe problem ○ 5 - Problem as bad as it can be	Wake up at night* ○ 0 - No problem ○ 1 - Very mild problem ○ 2 - Mild or slight problem ○ 3 - Moderate problem ○ 4 - Severe problem ○ 5 - Problem as bad as it can be
Lack of sleep* ○ 0 - No problem ○ 1 - Very mild problem ○ 2 - Mild or slight problem ○ 3 - Moderate problem ○ 4 - Severe problem ○ 5 - Problem as bad as it can be	Wake up tired* ○ 0 - No problem ○ 1 - Very mild problem ○ 2 - Mild or slight problem ○ 3 - Moderate problem ○ 4 - Severe problem ○ 5 - Problem as bad as it can be
Fatigue* ○ 0 - No problem ○ 1 - Very mild problem ○ 2 - Mild or slight problem ○ 3 - Moderate problem ○ 4 - Severe problem ○ 5 - Problem as bad as it can be	Reduced productivity* ○ 0 - No problem ○ 1 - Very mild problem ○ 2 - Mild or slight problem ○ 3 - Moderate problem ○ 4 - Severe problem ○ 5 - Problem as bad as it can be
Reduced concentration* ○ 0 - No problem ○ 1 - Very mild problem ○ 2 - Mild or slight problem ○ 3 - Moderate problem ○ 4 - Severe problem ○ 5 - Problem as bad as it can be	Frustrated / restless / irritable* ○ 0 - No problem ○ 1 - Very mild problem ○ 2 - Mild or slight problem ○ 3 - Moderate problem ○ 4 - Severe problem ○ 5 - Problem as bad as it can be
Sad* ○ 0 - No problem ○ 1 - Very mild problem ○ 2 - Mild or slight problem ○ 3 - Moderate problem ○ 4 - Severe problem ○ 5 - Problem as bad as it can be	Embarrassed* ○ 0 - No problem ○ 1 - Very mild problem ○ 2 - Mild or slight problem ○ 3 - Moderate problem ○ 4 - Severe problem ○ 5 - Problem as bad as it can be

Important Items

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

Most important items affecting your health

☐ Need to blow nose	☐ Sneezing	☐ Runny nose
☐ Cough	☐ Post-nasal discharge	☐ Thick nasal discharge
☐ Ear fullness	☐ Dizziness	☐ Ear pain
☐ Facial pain / pressure	☐ Difficulty falling asleep	☐ Wake up at night
☐ Lack of sleep	☐ Wake up tired	☐ Fatigue
☐ Reduced productivity	☐ Reduced concentration	☐ Frustrated / restless / irritable
☐ Sad	☐ Embarrassed	