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Nasal Questionnaire

Date: _____

Patient Name: _____

1. *Have you ever had nasal surgery?* Y / N

If so, when? _____

2. *Have you ever injured your nose?* Y / N

If yes, please explain. (Include when accident happened.) _____

3. *What do you feel is the chief problem with your nose?*

4. *Have you ever been told you have a deviated nasal septum?* Y / N

5. *Have you ever been told that you have nasal polyps?* Y / N

6. *Do you have any trouble breathing?* Y / N

7. *Do you have post-nasal drip?* Y / N

8. *Do you have allergies or hay fever?* Y / N

9. *Have you ever had sinus trouble?* Y / N

10. *Do you have bleeding from the nose?* Y / N

11. *Do you have any type of bleeding disorder?* Y / N

12. *Do you bruise easily?* Y / N

13. *Are you allergic to any medications?* Y / N

If so, please list. _____