

**Robert Kotler, M.D., Inc.**  
**436 N. Bedford Dr., Suite 201**  
**Beverly Hills, CA 90210**  
**(310) 278-8721**

NASAL/SINUS QUESTIONNAIRE

1. Please check any or all of your symptoms:

	Right	Left
Nasal Blockage	_____	_____
Bleeding	_____	_____
Headaches/Pressure	_____	_____
Toothache	_____	_____
Tearing	_____	_____
Itching	_____	_____
Drainage	_____	_____
Blockage	_____	_____

2. If you checked drainage, describe:

Color? \_\_\_\_\_

Watery or thick? \_\_\_\_\_

Foul taste or smell? \_\_\_\_\_

3. Is sneezing common for you? \_\_\_\_\_

Is it associated with any of the other listed symptoms? \_\_\_\_\_

If so, which? \_\_\_\_\_

4. If you checked blockage, is it:

Continuous? \_\_\_\_\_

Intermittent? \_\_\_\_\_

Associated with any other symptoms? \_\_\_\_\_

Related to head position such as lying flat? \_\_\_\_\_

Worsened by lying on the left or right side? \_\_\_\_\_

5. Please described any medications you have tried. Include nonprescription items such as nose drops/sprays, inhalers, "Contac", "Sudafed", or other pills or capsules: \_\_\_\_\_  
\_\_\_\_\_

6. Which medicine(s) helped the most? \_\_\_\_\_

**Please turn this page over to complete other the side**

\_\_\_\_\_

7. Do you have allergies? \_\_\_\_\_ If so, what? \_\_\_\_\_

\_\_\_\_\_

8. Do you have household pets? \_\_\_\_\_ Is so, list: \_\_\_\_\_

\_\_\_\_\_

9. Generally, do you have more symptoms/problems when:

	Yes	No
Home	_____	_____
Work	_____	_____
In-Town	_____	_____
Out-of-Town	_____	_____
Indoors	_____	_____
Outdoors	_____	_____

10. Which seasons(s) give you the most trouble:

Winter \_\_\_\_\_ Summer \_\_\_\_\_ Spring \_\_\_\_\_ Autumn \_\_\_\_\_

11. Have you ever had x-rays of your sinuses? \_\_\_\_\_ Results? \_\_\_\_\_

\_\_\_\_\_

12. Have you ever been seen and/or treated by a head and neck surgeon or ear-nose-throat specialist? \_\_\_\_\_

13. Is there any history of a broken nose or injury to the face or nose? \_\_\_\_\_  
If so, when? \_\_\_\_\_

14. Do you now or have you ever tried cocaine? \_\_\_\_\_

15. Are you now using any tobacco products? \_\_\_\_\_

Did you try in the past? \_\_\_\_\_

16. Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_