



Patient Sinus Questionnaire

1. Are you presently experiencing any of the following symptoms:
 - Drainage of a thick, yellow or greenish discharge from the nose or down the back of the throat
 - Nasal obstruction or congestion, causing difficulty breathing through your nose
 - Pain, tenderness and swelling around your eyes, cheeks, nose or forehead
 - Aching in your upper jaw and teeth
 - Reduced sense of smell and taste
 - Cough, which may be worse at night

2. Are you experiencing additional symptoms:
 - Sore throat
 - Ear pain
 - Fatigue or Irritability
 - Bad breath (Halitosis)
 - Nausea

3. Have you experienced multiple episodes involving these symptoms in which each episode lasts less than four weeks?
 - Yes No

4. Have you experienced an episode where symptoms lasted longer than eight weeks?
 - Yes No

5. If you checked any of the above symptoms, have you heard of Balloon Sinuplasty™?
 - Yes No

6. If yes, how did you hear about Balloon Sinuplasty™?
 - Internet Primary Care Physician, Who: _____
 - Newspaper Word of Mouth
 - Press Release Telephone Hold Message
 - Newsletter Other: _____