

ID : _____

RHINOSINUSITIS OUTCOME MEASURE

Below you will find a list of symptoms, functional limitations, and emotional consequences of your rhinosinusitis. We would like to know more about these problems and would appreciate your answering the following questions to the best of your ability. There are no "right" or "wrong" answers, and only you can provide us with this information. Please rate your problems as they have been over the past **two weeks**. Thank you for your participation. Do not hesitate to ask our research assistant or other office staff members for assistance if necessary. Listed after the symptoms, functional limitations, and emotional consequences are two columns labeled Magnitude and Importance. Please refer to the following instructions and scales provided below to answer these questions.

Magnitude Scale

Considering how severe the problem is when you get it and how frequently it happens, please rate each item below on how "bad" it is using the following scale:

- 0 = Not present/no problem**
- 1 = Very mild problem**
- 2 = Mild or slight problem**
- 3 = Moderate problem**
- 4 = Severe problem**
- 5 = Problem is as "bad as it can be"**

Importance Scale

For each item that you rate the magnitude as 1, 2, 3, 4, or 5, please rate how important it is to you. Use the following scale:

- 1 = Not important**
- 2 = Somewhat important**
- 3 = Moderately important**
- 4 = Extremely important**

Nasal Symptoms

MAGNITUDE

IMPORTANCE

1. Stuffy/blocked nose.....	.....0	1	2	3	4	5	.....1	2	3	4
2. Runny nose.....	.....0	1	2	3	4	5	.....1	2	3	4
3. Sneezing.....	.....0	1	2	3	4	5	.....1	2	3	4
4. Decreased sense of smell or taste..	.....0	1	2	3	4	5	.....1	2	3	4
5. Post-nasal discharge.....	.....0	1	2	3	4	5	.....1	2	3	4
6. Thick nasal discharge/debris.....	.....0	1	2	3	4	5	.....1	2	3	4

Eye Symptoms

7. Itchy, watery eyes.....	.....0	1	2	3	4	5	.....1	2	3	4
8. Swollen, sore eyes.....	.....0	1	2	3	4	5	.....1	2	3	4

Sleep

9. Difficulty getting to sleep.....	.....0	1	2	3	4	5	.....1	2	3	4
10. Wake up during the night.....	.....0	1	2	3	4	5	.....1	2	3	4
11. Lack of a good night's sleep.....	.....0	1	2	3	4	5	.....1	2	3	4

12. Wake up tired.....

.....0 1 2 3 4 5

.....1 2 3 4

		<u>MAGNITUDE</u>					<u>IMPORTANCE</u>			
<u>Ear Symptoms</u>										
13. Fullness.....	.....0	1	2	3	4	5	.....1	2	3	4
14. Ringing.....	.....0	1	2	3	4	5	.....1	2	3	4
15. Dizziness.....	.....0	1	2	3	4	5	.....1	2	3	4
16. Pain.....	.....0	1	2	3	4	5	.....1	2	3	4
17. Decreased hearing.....	.....0	1	2	3	4	5	.....1	2	3	4
<u>General Symptoms</u>										
18. Fatigue/worn out.....	.....0	1	2	3	4	5	.....1	2	3	4
19. Reduced productivity.....	.....0	1	2	3	4	5	.....1	2	3	4
20. Poor concentration.....	.....0	1	2	3	4	5	.....1	2	3	4
21. Headache.....	.....0	1	2	3	4	5	.....1	2	3	4
22. Facial pain/pressure.....	.....0	1	2	3	4	5	.....1	2	3	4
23. Cough.....	.....0	1	2	3	4	5	.....1	2	3	4
24. Short of breath.....	.....0	1	2	3	4	5	.....1	2	3	4
<u>Practical Problems</u>										
25. Inconvenience of having to carry tissues/handkerchief.....	.....0	1	2	3	4	5	.....1	2	3	4
26. Need to rub nose/eyes.....	.....0	1	2	3	4	5	.....1	2	3	4
27. Need to blow your nose repeatedly...	.....0	1	2	3	4	5	.....1	2	3	4
28. Bad breath.....	.....0	1	2	3	4	5	.....1	2	3	4
<u>Emotional Consequences</u>										
29. Frustrated, impatient, restless or irritable.....	.....0	1	2	3	4	5	.....1	2	3	4
30. Feeling depressed or sad.....	.....0	1	2	3	4	5	.....1	2	3	4
31. Embarrassed by your symptoms...	.....0	1	2	3	4	5	.....1	2	3	4

Please feel free to add any additional comments below. Thank you for your participation.

ADDITIONAL COMMENTS:

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