



MARC M. KERNER, M.D., F.A.C.S.  
Sinus History Questionnaire

Have you missed school or work? Yes No Days missed per year\_\_\_\_\_

Allergies: (circle all that apply): Nasal allergies/Asthma/Eczema/Hives/Migraines

Have you been tested for allergies? Y/N

Did you get allergy shots? Y/N

Did you get better? Y/N

Name of allergy doctor:\_\_\_\_\_

Have you used any of the following? (circle all that apply):

Over the counter nasal sprays such as afrin or neosynephrine/Saline irrigations

Cortisone or oral steroids/Non-sedating antihistamines such as Claritin or Allegra

Please list your current medications:\_\_\_\_\_

Have you had sinus xrays such as CT scans? Y/N Date?\_\_\_\_\_

Were the results normal? Y/N

*(please try to obtain the xrays for the doctor to review)*

Previous nasal or sinus surgery: Y/N if yes, when\_\_\_\_\_

\_\_\_\_\_

Did you get better with surgery? Y/N A lot better/somewhat better/worse

Significant other medical problems:\_\_\_\_\_

How much are your sinus problems affecting your life?

**0 1 2 3 4 5 6 7 8 9 10**  
never sometimes constant

**Additional issues that you would like the Doctor to address:**