



Cleveland Nasal Sinus & Sleep Center

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OUTCOME MEASURE QUESTIONNAIRE

Date: _____

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 how they impact your life. There are no "right" or "wrong" answers, and only you can provide us with this information. Please rate your problems as they have been RECENTLY. Do not hesitate to ask our doctors or staff members for help if necessary. Please refer to the following instructions and scales and circle the number that most accurately describes your experience.

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= No present/no problems
- 1= Very mild problem
- 2= Mild to slight problem
- 3=Moderate problem
- 4= Severe problem
- 5= Problem is as "bad" as it can be"

Importance Scale

For each item that has a magnitude of 1, 2, 3, or 4, 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

