

HEALTH INTERVIEW - UPPER RESPIRATORY TRACT - ADULTS [from 11 yo)

First and last name: , date of birth:

Please circle the right answer (Y=yes, N=no) e.g. Y N

I. NOSE. EARS. THROAT

Main complaint pertains to: nose, throat, ears.

First onset of symptoms: increased insensitivity :summer/winter

Diseases during the last 12 months:

sinusitis N 1x 2-4x 5x and more bronchitis N 1x 2-4x 5x and more

pharyngitis N 1x 2-4x 5x and more pneumonia N 1x 2-4x 5x and more

Use of antibiotic Turing the last 12 months: N 1x 2-4x 5x and more

1.NOSE

Difficult nose breathing/nose blockage

Y N

Which side

right/left

Persistent recurrent runny nose

Y N

Post nasal drip

Y N

Nasal dryness

Y N

Hay fever

Y N

Troublesome sneezing

Y N

Nosebleeds

Y N

Smell disturbances

Y N

Nose injury (if YES, when?

Y N

.....

2. HEADACHES

On the sides = maxillary sinuses

Y N

Forehead

Y N

Temples

Y N

Top of the head

Y N

Back of the head

Y N

During flights

Y N

During diving

Y N

3.THROAT

Recurrent tonsillitis

Y N

Sore throat

Y N

Dry throat

Y N

Need of hawking

Y N

Unpleasant mouth smell

Y N

Hoarseness

Y N

4.EARS

Pain

Y N

Itching

Y N

Blockage

Y N

Diminished hearing

Y N

Tinnitus

Y N

5.OTHER

Asthma

Y N

Taste disturbances

Y N

Balance disorders

Y N

Persistent low-gracie fever

Y N

ENT surgeries In the past

Y N

What kind? When?

Y N

.....

6.GENERAL

Smoking cigarettes

Y N

Skin allergies / food / inhalant

Y N

To what?

Drug allergies, which?

Y N

.....

Other diseases requiring constant

Y N

medication, what kind ?

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Nasal use [currently or in the past) cocaine,

Y N

tobacco, other substances, which?

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