

ANTERIOR SKULL BASE NASAL INVENTORY

Below you will find a list of questions about your nose symptoms. We will give this survey to you before and after surgery so that we can better treat you. Please rate these problems as they have been over the last two weeks. Thank you.

	Never	A little of the time	Some of the time	Most of the time	All of the time
How often does your nose make a whistling sound when you breathe?	1	2	3	4	5
How often do you need to use nasal irrigation (salt water spray) in your nose?	1	2	3	4	5
How often do you have trouble with nasal crusts?	1	2	3	4	5
How often do you have trouble breathing through your nose?	1	2	3	4	5
How often do you have nose pain?	1	2	3	4	5
How often do you have facial/sinus pain or pressure? (symptom)	1	2	3	4	5
How often do you have thick nasal discharge?	1	2	3	4	5
How often do you need to blow your nose?	1	2	3	4	5

	Excellent	Very Good	Good	Fair	Poor
How is your sense of smell?	1	2	3	4	5
How pleasing is the sound of your voice?	1	2	3	4	5
What is your overall satisfaction with the functioning of your nose?	1	2	3	4	5