Gupta ENT Center
Ear, Nose & Throat | Head & Neck Surgery | Pediatric & Adult

Sinus Survey

Choose "yes" if you have had any of the following symptoms for ten days or longer:

Facial pressure or pain	**Yes**	**No**
Headache pain	**Yes**	**No**
Congestion or stuffy nose	**Yes**	**No**
Thick, yellow-green nasal discharge	**Yes**	**No**
Low fever (99-100 degrees)	**Yes**	**No**
Bad breath	**Yes**	**No**
Pain in your upper teeth	**Yes**	**No**

Duration and Frequency:

Have you experienced these symptoms for 12 or more weeks?	**Yes**	**No**
In the past year, have you experienced these symptoms for 10 days or longer on three separate occasions – with interim periods of no symptoms?	**Yes**	**No**