

This questionnaire contains information that will improve the accuracy of your treatment. Please take special care to consider the symptoms highlighted in bold, these are particularly valuable for identifying which treatments are most suited to you.

NB. It is best to read through all the options in each section before making your answer. Using a coloured pen would be helpful.

SECTION (A) LOCATION - please indicate all the areas in which you have symptoms:

A1. EAR (please also complete pages 5.2-5.4)

- right ear** 150
- left ear** 151
- ear(s): outside parts 152
- inside the ear(s) 153
- in front of the ear(s) 154
- behind the ear(s) 155
- below the ear(s) 156
- in the lobe(s) of the ear(s) 157
- in the glands round the ears 158

A2. NOSE (please also complete pages 5, 7-10)

- nose, right side** 174
- nose, left side** 175
- outer parts of the nose 176
- inside the nose 177
- wings of the nose 178
- bones of the nose 179
- bridge of the nose 180
- septum of nose of the nose 181
- tip of the nose 182
- root of the nose 183

A3. MOUTH & THROAT

- mouth in general 311
- mouth (right)** 307
- mouth (left)** 308
- lips and/or corners of mouth 238
- hard palate 309
- soft palate 310
- tongue 313
- throat / pharynx 312
- adenoids 1015
- (please also complete page 5.6 & 7-10)

A4. AIRWAYS

- voice-box and/or windpipe 748
- (please also complete pages 5.6-10)

A5. EXTERNAL THROAT

- external throat, in general 788
- external throat, right** 785
- external throat, left** 786
- external throat including neck 787
- (please also complete pages 5.6-10)

A6. GLANDS OF THE NECK

- lymphatic glands 789
- (please also complete pages 5.6 & 7-10)

A7. SINUSES

- cheekbones 230
- frontal sinuses (forehead) 228
- (please also complete pages 5.5, 5.7-10)

- bones, sore, pain 1255
- bones, swollen feeling 1248

A8. TONSILS

- right tonsil
- left tonsil

A9. COUGH 637

(Please complete section G on page 10. You may also need to complete the chest/respiratory questionnaire.)

EAR, NOSE & THROAT Continued

SECTION (B) Ear symptoms

1. Ear Pain

A. Dull /inflammatory pain symptoms

Do you experience pain in the ear(s)? If so please indicate any of the following descriptions that apply:

- ▶ pain: dull / blunt 1070
- ▶ pain: boring or piercing 891
- ▶ pain: boring, piercing in an inward direction 892
- ▶ pain: boring, piercing in an outward direction 893
- ▶ pain: burning sensation externally 894
- ▶ pain: burning sensation internally 895
- ▶ pain: as if burnt 1079

B. Pulsating /throbbing

- ▶ throbbing, beating in external parts 1011
- ▶ throbbing, beating in internal parts 1012
- ▶ pulsating, throbbing in external parts 1013
- ▶ pulsating, throbbing in internal parts 1014

C. Sharp / neuralgic pain symptoms

- ▶ stitches, prickles in external parts 1058
- ▶ stitches, prickles in internal parts 1059
- ▶ **stitches, prickles, inward** 1060
- ▶ **stitches, prickles, outward** 1061
- ▶ **stitches, prickles, upwards** 1062
- ▶ stitches, prickles, downwards 1063
- ▶ stitches, prickles, tingling 1065
- ▶ sudden shock pains 1068
- ▶ pain flowing like a hot current 1069

2. Sensitivity

- ▶ sensitivity to pain (oversensitiveness) 913
- ▶ sensitivity of the external parts of the ear 911
- ▶ sensitivity of internal parts of the ear 912

3. Pressure sensations

- ▶ sensation of pressure in the outside parts of the ear 901
- ▶ sensation of pressure inside the ear 902

4. Itching / irritation

Do you experience itching (irritation, tickling etc.) inside the ear? ₉₅₃

5. Heat / Inflammation

Do you CURRENTLY have any of the following?

- ▶ warmth - a sensation of warmth in the ear ₁₀₉₁
- ▶ inflammation of the external parts (redness / heat / swelling) ₉₁₄
- ▶ inflammation of the internal parts (if confirmed by ear examination) ₉₁₅

6. Swelling

Is there swelling or puffiness of the external ear or the canal? Tick any that apply:

- swelling in general ₁₀₃₇
- swelling, inflammatory ₁₀₃₈
- swelling very localised ₁₀₃₉
- swelling, as part of a wider problem of swelling elsewhere in the body ₁₀₄₀

7. Sensation of obstruction, blockage or trickling

- sensation of a lump or plug inside ₉₆₂
- trickling sensation ₁₀₇₃

8. Discharge

Do you have a discharge from the ear of any kind? Yes ₁₅₉ No

If so, is there bleeding? ₁₆₀

What is the nature of the discharge (tick those that apply):

- pus ₁₆₁
- moisture ₁₆₂
- fluid earwax ₁₆₃
- mucus ₁₆₄

7. Hearing

Is your hearing affected? If so, please indicate below:

- My hearing is keen (sensitive) ₁₆₆
- My hearing has become hypersensitive (sounds at normal levels cause discomfort or pain) ₁₆₅
- My hearing is generally diminished ₁₇₁
- I have general loss of hearing due to aging or sensory-neural impairment ₁₇₂
- My hearing is currently impaired due to obstruction in the ear canals (wax etc.) ₁₇₃

8. Tinnitus / noises

Do you experience tinnitus (noises in the ears)? Yes ₁₆₇ No

If so please specify:

- roaring, buzzing ₁₆₈
- fluttering ₁₆₉
- ringing ₁₇₀
- hammering, throbbing ₁₀₁₀
- other: _____

9. Effects of Sound

Are your symptoms aggravated by noises? Yes ₂₁₂₈ No

Are your symptoms aggravated by the ringing of a bell? Yes ₂₁₂₉ No

Are you aggravated by noises similar to the sound of scratching on canvas? Yes ₂₁₇₆ No

Are you aggravated by music? Yes ₂₂₁₅ No

The Inner Ear / Balance

Do you currently experience the following:

vertigo / dizziness ₄₄

SECTION (C) NOSE

Do you suffer from recurrent nosebleed Yes ₁₈₄ No

If the answer is yes, which f the following best describes the problem?

- ▶ **bleeding bright blood** ₁₈₅
- ▶ **bleeding, dark, black blood** ₁₈₆
- ▶ bleeding, coagulated blood ₁₈₇
- ▶ bleeding, blowing blood from nose ₁₈₉

Do you observe./ experience an odour emanating from the nose?
If so, do any of the following describe it?

- ▶ A foul smell coming from the nose ₁₉₀
- ▶ An odour like urine from the nose ₁₉₁
- ▶ A sweetish odour from the nose (ketones on the breath) ₁₉₂

Do you suffer from **sneezing**? Yes ₁₉₃

Do you feel you are about to sneeze, but it stops short of happening ₁₉₄

Do you have a **nasal discharge**? If so tick whichever of the following apply:

- ▶ discharge, bloody ₁₉₅
- ▶ discharge, burning ₁₉₆
- ▶ discharge, thick ₁₉₇
- ▶ discharge of pus / infected matter ₁₉₈
- ▶ discharge, yellow ₁₉₉
- ▶ discharge, grey ₂₀₀
- ▶ discharge, greenish ₂₀₁
- ▶ discharge, whey like ₂₀₂
- ▶ discharge, acrid ₂₀₃
- ▶ discharge, slimy, mucous ₂₀₄
- ▶ discharge, foetid, offensive ₂₀₅
- ▶ discharge, hardened ₂₀₆
- ▶ discharge, watery ₂₀₇
- ▶ discharge, tenacious ₂₀₈
- ▶ discharge, fluent ₂₀₉

Does your nose feel obstructed or stopped-up? Yes ₂₁₀ No

Have you experienced any change in your sense of smell? If so, which of the following apply?

- ▶ **My sense of smell has become hypersensitive** ₂₁₁
- ▶ **My sense of smell is lost, weak, or diminished** ₂₂₅

I am experiencing odd sensations or illusory smells ₂₁₃ (please tick any of the following that apply:

- ▶ a smell of blood ₂₁₄
- ▶ a putrid odour (as if something rotten) ₂₁₅
- ▶ a foul smell (eg drains or sewers) ₂₁₆
- ▶ an earthy smell ₂₁₇
- ▶ the smell of tar or engine oil ₂₁₈
- ▶ a sour smell ₂₁₉
- ▶ a smell of old lingering catarrh ₂₂₀
- ▶ a sulphurous smell ₂₂₁
- ▶ a sweetish smell ₂₂₂
- ▶ the smell of something burnt ₂₂₃
- ▶ an pleasant smell/fragrance ₂₂₄

Do you have swelling or puffiness of the nose itself ? ₂₉₁

Do you have swelling or puffiness of the cheeks? ₂₉₂

ENT Questionnaire Continued

SECTION (D) MOUTH & THROAT

Do you have any alteration in your sense of taste? If so, which of the following apply ?

Sense of taste, dull or diminished ₃₈₅

Sense of taste, lost altogether ₃₈₆

An altered or perverted sense of taste ₃₈₇ If so, please select any of the following that apply:

- | | | | |
|------------------------|---|-------------------------------|---|
| ▶ taste, bitter | <input type="checkbox"/> ₃₈₈ | ▶ taste, metallic | <input type="checkbox"/> ₃₉₄ |
| ▶ taste, earthy | <input type="checkbox"/> ₃₈₉ | ▶ taste, salty | <input type="checkbox"/> ₃₉₅ |
| ▶ taste, insipid, flat | <input type="checkbox"/> ₃₉₀ | ▶ taste, sour | <input type="checkbox"/> ₃₉₆ |
| ▶ taste, foul | <input type="checkbox"/> ₃₉₁ | ▶ taste, sweetish | <input type="checkbox"/> ₃₉₇ |
| ▶ taste, greasy | <input type="checkbox"/> ₃₉₂ | ▶ taste, of something burnt | <input type="checkbox"/> ₃₉₈ |
| ▶ taste, like herbs | <input type="checkbox"/> ₃₉₃ | ▶ taste, offensive, repulsive | <input type="checkbox"/> ₃₉₉ |

Do you experience any of the following mouth symptoms?

- ▶ bad breath ₃₁₄
- ▶ increased saliva (hypersalivation) ₃₁₅
- ▶ diminished saliva (dry mouth) ₃₁₆
- ▶ coated tongue (including oral thrush) ₃₁₇

SECTION (E). Lymph glands (sides of neck / front of ear / behind ear / below jaw etc)

Do you have swollen glands? Yes ₁₁₉₁ No If so, do any of the following apply:

- | | | | |
|---------------------------------|--|---------------------------------------|--|
| ▶ glands, swelling bluish | <input type="checkbox"/> ₁₁₉₂ | ▶ painful swelling | <input type="checkbox"/> ₁₁₉₇ |
| ▶ glands, swelling inflammatory | <input type="checkbox"/> ₁₁₉₃ | ▶ painless swelling | <input type="checkbox"/> ₁₁₉₈ |
| ▶ glands inflamed | <input type="checkbox"/> ₁₁₇₁ | ▶ swelling like knotted cords | <input type="checkbox"/> ₁₁₉₉ |
| ▶ glands, swelling hard | <input type="checkbox"/> ₁₁₉₄ | ▶ induration of the glands | |
| ▶ glands, swelling hot | <input type="checkbox"/> ₁₁₉₅ | (long term inflammation with swelling | |
| ▶ glands, swelling cold | <input type="checkbox"/> ₁₁₉₆ | & hardening of glands) | <input type="checkbox"/> ₁₂₀₆ |

Painful / tender glands

Do you have pain or tenderness of the lymph glands in the neck (or elsewhere) ? Yes ₁₁₈₉

If so, which of the following apply?

- ▶ dull pain or soreness in the glands ₁₂₀₄
- ▶ a bruised pain in the glands ₁₁₈₇
- ▶ tenderness or sensitivity of the glands ₁₁₇₀

Other sensations:

- ▶ Do the glands feel as though they were swollen, even when they are not ? ₁₂₀₀
- ▶ Do the glands feel strangely numb ₁₂₀₅

SECTION (F) ENT Modifying Factors (Modalities)

Factors which affect your symptoms:

Select the factors that aggravate or ameliorate your symptoms from the following checklists:
Please also indicate which symptoms are involved by circling 'E' for ear, 'N' for nose, 'T' for throat, 'S' for sinuses or 'V' for voice or 'A' for airways, as listed for each feature.

1. Effects of touch or pressure:

- | | |
|--|--|
| worse for touching the affected area | <input type="checkbox"/> ₂₀₁₈ (E / N / T / S / V / A) |
| worse for light touch on the affected area | <input type="checkbox"/> ₂₀₁₉ (E / N / T / S / V / A) |
| worse for external pressure | <input type="checkbox"/> ₂₀₅₃ (E / N / T / S / V / A) |
| worse for uncovering the head | <input type="checkbox"/> ₂₀₆₀ (E / N / T / S / V / A) |

2. Effects of temperature:

- | | |
|--|--|
| worse for change of temperature | <input type="checkbox"/> ₂₄₀₅ (E / N / T / S / V / A) |
| worse for change of temperature, entering a cold place | <input type="checkbox"/> ₂₄₀₆ (E / N / T / S / V / A) |
| worse for becoming warm, getting heated | <input type="checkbox"/> ₂₀₆₃ (E / N / T / S / V / A) |
| worse getting heated by fire | <input type="checkbox"/> ₂₀₆₄ (E / N / T / S / V / A) |
| worse for after becoming cold (getting chilled) | <input type="checkbox"/> ₂₀₆₅ (E / N / T / S / V / A) |
| worse for chill (as part of a cycle of fever) | <input type="checkbox"/> ₂₀₈₆ (E / N / T / S / V / A) |

3. Effects of using facial muscles and/or chewing:

- | | |
|---|--|
| worse for using (or stretching) the facial muscles: | <input type="checkbox"/> ₂₁₃₃ (E / N / T / S / V / A) |
| worse for opening the mouth | <input type="checkbox"/> ₂₂₁₃ (E / N / T / S / V / A) |
| worse for closing the mouth | <input type="checkbox"/> ₂₂₁₄ (E / N / T / S / V / A) |
| worse for chewing | <input type="checkbox"/> ₂₁₆₇ (E / N / T / S / V / A) |
| worse after chewing | <input type="checkbox"/> ₂₁₆₈ (E / N / T / S / V / A) |
| worse biting the teeth together / clenching | <input type="checkbox"/> ₂₄₆₂ (E / N / T / S / V / A) |
| better biting the teeth together/ clenching | <input type="checkbox"/> ₂₆₃₅ (E / N / T / S / V / A) |

4. Effects of swallowing / eating and drinking:

- | | |
|--------------------------------------|--|
| worse for swallowing | <input type="checkbox"/> ₂₃₄₄ (E / N / T / S / V / A) |
| worse for empty swallowing of saliva | <input type="checkbox"/> ₂₃₄₅ (E / N / T / S / V / A) |
| worse for swallowing drinks | <input type="checkbox"/> ₂₃₄₆ (E / N / T / S / V / A) |
| worse for swallowing food | <input type="checkbox"/> ₂₃₄₇ (E / N / T / S / V / A) |
| worse for swallowing solid food | <input type="checkbox"/> ₂₃₄₈ (E / N / T / S / V / A) |
| worse after swallowing food | <input type="checkbox"/> ₂₃₄₉ (E / N / T / S / V / A) |
| better for swallowing | <input type="checkbox"/> ₂₅₉₄ (E / N / T / S / V / A) |
| better for swallowing drinks | <input type="checkbox"/> ₂₅₉₅ (E / N / T / S / V / A) |
| better for swallowing warm drinks | <input type="checkbox"/> ₂₅₉₆ (E / N / T / S / V / A) |
| better for sucking with tongue | <input type="checkbox"/> ₂₅₈₇ (E / N / T / S / V / A) |
| worse for eating, before | <input type="checkbox"/> ₂₀₇₀ (E / N / T / S / V / A) |
| worse while eating | <input type="checkbox"/> ₂₀₇₁ (E / N / T / S / V / A) |
| worse after eating | <input type="checkbox"/> ₂₀₇₂ (E / N / T / S / V / A) |
| worse while drinking | <input type="checkbox"/> ₂₄₀₇ (E / N / T / S / V / A) |
| worse after drinking | <input type="checkbox"/> ₂₄₀₈ (E / N / T / S / V / A) |
| worse for drinking quickly | <input type="checkbox"/> ₂₄₀₉ (E / N / T / S / V / A) |

5. Effects of air

- worse for draught 2466 (E / N / T / S / V / A)
worse for open air 2085 (E / N / T / S / V / A)
worse for walking in the wind 2101 (E / N / T / S / V / A)
worse for wind 2450 (E / N / T / S / V / A)

6. Effects of Odours

- worse for odour of wood 2131 (E / N / T / S / V / A)
worse for strong odours 2132 (E / N / T / S / V / A)

7. Effects of lying / posture

- worse after lying down 2154 (E / N / T / S / V / A)
worse for lying generally 2189 (E / N / T / S / V / A)
worse for lying stretched out 2190 (E / N / T / S / V / A)
worse for lying in bed 2191 (E / N / T / S / V / A)
worse for lying with the head low 2192 (E / N / T / S / V / A)
worse for lying bent, or doubled up 2193 (E / N / T / S / V / A)
worse for lying on back 2194 (E / N / T / S / V / A)
worse for lying on side 2195 (E / N / T / S / V / A)
worse for lying on the right side 2195 (E / N / T / S / V / A)
worse for lying, on the left side 2195 (E / N / T / S / V / A)
better for lying generally 2553 (E / N / T / S / V / A)
better for lying in bed 2554 (E / N / T / S / V / A)
better for lying on a hard surface 2555 (E / N / T / S / V / A)
better for lying horizontally 2556 (E / N / T / S / V / A)
better for lying with the head high 2557 (E / N / T / S / V / A)
better for lying bent, or doubled up 2558 (E / N / T / S / V / A)
better for lying on the back 2559 (E / N / T / S / V / A)
better for lying on the side 2560 (E / N / T / S / V / A)
better for lying on the right side 2561 (E / N / T / S / V / A)
better for lying on the left side 2562 (E / N / T / S / V / A)
better for lying on the painful side 2563 (E / N / T / S / V / A)
better for lying on the painless side 2564 (E / N / T / S / V / A)
better while stooping 2499 (E / N / T / S / V / A)
worse for sitting bent over 2383 (E / N / T / S / V / A)
better for a change of position 2549 (E / N / T / S / V / A)
better for resting or leaning the head on & anything 2544 (E / N / T / S / V / A)
better for resting or leaning the head on a table 2545 (E / N / T / S / V / A)
better for resting or leaning the head sideways 2546 (E / N / T / S / V / A)

8. Effects of a Close Room

- worse for a close room** 2464 (E / N / T / S / V / A)
better for a close room 2636 (E / N / T / S / V / A)

9. Effects of coughing, sneezing or blowing the nose

- | | |
|-------------------------------|---|
| worse before coughing | <input type="checkbox"/> 2158 (E / N / T / S / V / A) |
| worse while coughing | <input type="checkbox"/> 2159 (E / N / T / S / V / A) |
| worse after coughing | <input type="checkbox"/> 2160 (E / N / T / S / V / A) |
| worse for blowing the nose | <input type="checkbox"/> 2351 (E / N / T / S / V / A) |
| better after blowing the nose | <input type="checkbox"/> 2597 (E / N / T / S / V / A) |
| worse for sneezing | <input type="checkbox"/> 2303 (E / N / T / S / V / A) |
| worse after expectoration | <input type="checkbox"/> 2008 (E / N / T / S / V / A) |

10. Effects of Using the Voice

- | | |
|---------------------------------------|---|
| worse for singing, while | <input type="checkbox"/> 2379 (E / N / T / S / V / A) |
| worse for singing, after | <input type="checkbox"/> 2380 (E / N / T / S / V / A) |
| worse for talking, speaking | <input type="checkbox"/> 2390 (E / N / T / S / V / A) |
| worse for talking, speaking of others | <input type="checkbox"/> 2391 (E / N / T / S / V / A) |

11. Seasonal Factors

Are your ENT symptoms seasonal? Yes

Have you had allergy testing ? Yes Details _____

- | | |
|-----------------|---|
| Worse in summer | <input type="checkbox"/> 2384 (E / N / T / S / V / A) |
| Worse in winter | <input type="checkbox"/> 2438 (E / N / T / S / V / A) |

If your symptoms are affected by the weather, please ensure that you complete the relevant parts of the Whole Person (Generals) Questionnaire (No. 1)

12. Effects of clothes and coverings

- | | |
|---------------------------------------|---|
| better for undoing clothes | <input type="checkbox"/> 2543 (E / N / T / S / V / A) |
| worse for uncovering | <input type="checkbox"/> 2058 (E / N / T / S / V / A) |
| worse for uncovering the head | <input type="checkbox"/> 2060 (E / N / T / S / V / A) |
| better for uncovering | <input type="checkbox"/> 2512 (E / N / T / S / V / A) |
| better for uncovering the head | <input type="checkbox"/> 2513 (E / N / T / S / V / A) |

13. Effects of colds; effects of free discharges; effects of drug-controlled discharges

- | | |
|---|---|
| worse for a runny nose | <input type="checkbox"/> 2352 (E / N / T / S / V / A) |
| worse for treating a runny nose | <input type="checkbox"/> 2353 (E / N / T / S / V / A) |
| worse for sticking out the tongue | <input type="checkbox"/> 2467 (E / N / T / S / V / A) |
| better after bleeding of affected part | <input type="checkbox"/> 2497 (E / N / T / S / V / A) |
| better for boring in with fingers (ear, nose) | <input type="checkbox"/> 2498 (E / N / T / S / V / A) |
| better for shaking the head | <input type="checkbox"/> 2547 (E / N / T / S / V / A) |
| better for rubbing the area | <input type="checkbox"/> 2584 (E / N / T / S / V / A) |

14. Effects of sleep

- ₂₅₈₈ (E / N / T / S / V / A)
better before sleep, or while falling asleep
 ₂₅₈₉ (E / N / T / S / V / A)
better for during sleep
 ₂₅₉₀ (E / N / T / S / V / A)
better while waking up
 ₂₅₉₁ (E / N / T / S / V / A)
better after sleep

15. Effects of washing (eg the face or hair) on ENT symptoms:

- ₂₄₃₅ (E / N / T / S / V / A)
worse for water and washing
 ₂₄₃₆ (E / N / T / S / V / A)
worse for water, lukewarm
 ₂₂₉₈ (E / N / T / S / V / A)
worse for wet, getting drenched
 ₂₂₉₉ (E / N / T / S / V / A)
worse for getting the head wet
 ₂₃₀₀ (E / N / T / S / V / A)
worse for getting the feet wet
 ₂₃₀₁ (E / N / T / S / V / A)
worse for getting wet, while sweating

16. Immune triggers

- ₂₂₀₄ (E / N / T / S / V / A)
during measles
 ₂₂₀₅ (E / N / T / S / V / A)
worse after measles
 ₂₁₆₂ (E / N / T / S / V / A)
worse after vaccination
 ₂₃₃₂ (E / N / T / S / V / A)
during scarlatina, scarlet fever
 ₂₃₃₃ (E / N / T / S / V / A)
worse after scarlatina, scarlet fever
 ₂₃₂₆ (E / N / T / S / V / A)
during rheumatic fever
 ₂₃₂₇ (E / N / T / S / V / A)
during rubella, german measles
 ₂₄₃₇ (E / N / T / S / V / A)
during or after chicken-pox

17. Background medication

- Do you frequently or regularly use Paracetamol? ₂₀₃₇
Do you frequently or regularly use a nasal spray? ₂₃₅₃
Do you use drugs for blood pressure? ₉₉₉₉

SECTION (G) Cough

- Does the cough bring up catarrh / mucus Y , N
Is the catarrh easy or difficult to bring up: Easy , Difficult , Impossible
Is the catarrh clear or turbid: Clear , Turbid (Colour _____)
Is the catarrh thick or thin: Thick , Thin
Do you feel better, worse, or the same for bringing up catarrh: Better , Worse , Same
Does the cough make you retch: Y , N Does the cough bring on vomiting Y , N
Is the cough painful: Y , N
Is the cough associated with a sensation of Tickling or Irritation in the airways.
What time of the day is the cough at its worst: Morning , Afternoon , Evening , Night
Does posture or body position affect the cough Y , N , Please specify _____
Does temperature or weather affect the cough Y , N , Please specify _____

END OF QUESTIONNAIRE