

# Sample Patient Assessment Script: Sinus

**Overview:** The sample script below can be used by providers to assess patients who present with sinus symptoms or concerns. It was designed for use during telehealth visits, and can be edited as needed.

| Standardized Initial Screening Questions   |   |   |
|--|---|---|
| Question   |   | Custom Response List  |
| What would you like from this conversation (For example, medical advice, certain prescription, referral, or something else)? |   |   |
| <b>i.1</b>   | Do you have an unexplained, new onset of: <ul style="list-style-type: none"> <li>• Fever greater than or equal to 100.4°F</li> <li>• Chills</li> <li>• Cough</li> <li>• Runny nose/congestion</li> <li>• Sore throats</li> <li>• Shortness of breath/chest tightness</li> <li>• Headache</li> <li>• Muscle pain</li> <li>• Severe exhaustion</li> <li>• Loss of taste/smell</li> <li>• Diarrhea, nausea or vomiting?</li> </ul> | Yes<br>No   |
| <b>i.2</b>   | Have you previously been tested for COVID-19 (nose/mouth "swab" test) in the past 14 days?  | Yes<br>No ( <a href="#">skip to Qi6</a> )   |
| <b>i.3</b>   | What were the COVID-19 nose/mouth "swab" test results?  | Positive<br>Negative<br>Pending   |
| <b>i.4</b>   | When was your COVID-19 nose/mouth "swab" test completed?  | 14 days ago or more<br>Less than 14 days ago  |
| <b>i.5</b>   | In the last 14 days, have you had close contact with anyone who has COVID-19 confirmed by a lab test?   | Yes<br>No   |
| <b>i.6</b>   | Do you have a fever?  | a. Yes, I have a low fever (less than 100.4°)<br>b. Yes, I have a high fever (100.4° or more)<br>c. No, I do not have a fever<br>d. I feel like I have a fever, but I haven't taken my temperature<br>e. I don't know |
| <b>i.7</b>   | How long have you had the fever?  | a. Just today<br>b. A few days<br>c. A week<br>d. One to four weeks<br>e. More than a month   |

### Sinus-specific Questions

|           |  |   |
|-----------|--|---|
| <b>1.</b> | Do you have nasal drainage that is not clear? (For example, cloudy, white or yellow drainage)                    | Yes<br>No   |
| <b>2.</b> | Do you have nasal congestion or obstruction? (Plugged or stuffy nose)  | Yes<br>No   |
| <b>3.</b> | Do you have any of these symptoms?   | <ul style="list-style-type: none"> <li>a. Face pain or pressure</li> <li>b. Headache</li> <li>c. Sore throat</li> <li>d. Cough</li> <li>e. Bad breath</li> <li>f. Upper tooth pain</li> <li>g. Decreased sense of smell</li> <li>h. Sneezing</li> <li>i. Itchy or watery eyes</li> <li>j. None of the above</li> </ul>  |
| <b>4.</b> | Are you having any other symptoms not mentioned?   |   |
| <b>5.</b> | How long have you had these symptoms?  | Applies to all positive symptoms above  |
| <b>6.</b> | Which of the following best describes your current symptoms?   | <ul style="list-style-type: none"> <li>a. My symptoms are slowly getting better</li> <li>b. My symptoms are NOT getting any better</li> <li>c. My symptoms seemed to get better but then got worse again</li> <li>d. My symptoms keep getting worse</li> <li>e. None of the above describes my symptoms</li> </ul>  |
| <b>7.</b> | Please describe how your symptoms have changed over time.  |   |
| <b>8.</b> | How troublesome or bothersome are your current symptoms on a scale from 1-10 (with 10 being the worst possible)? | 0 (Not troublesome)<br>1<br>2<br>3<br>4<br>5 (Moderately troublesome)<br>6<br>7<br>8<br>9<br>10 (Worst possible)  |
| <b>9.</b> | Do you have environmental allergies (examples: pollen, grass, dust, dogs, cats)?                                 | <ul style="list-style-type: none"> <li>a. Yes. Testing has shown that I have environmental allergies/hayfever.</li> <li>b. Yes. I have not been tested but I believe I have environmental allergies/hayfever.</li> <li>c. No. Testing has shown I do not have environmental allergies.</li> <li>d. I don't think I have environmental allergies.</li> <li>e. No.</li> </ul> |

### Sinus-specific Questions

|            |   |  |
|------------|---|--|
| <b>10.</b> | Have you missed work or school due to your current illness?   | <ul style="list-style-type: none"> <li>a. Yes</li> <li>b. No</li> <li>c. This does not apply to me.</li> </ul>   |
| <b>11.</b> | What medications or treatments have you used during your current illness?                           | <ul style="list-style-type: none"> <li>a. <b>A decongestant</b><br/>examples: pseudoephedrine (Sudafed, DayQuil, NyQuil)</li> <li>b. <b>An antihistamine</b><br/>examples: loratadine (Claritin), cetirizine (Zyrtec)</li> <li>c. <b>A nasal spray decongestant</b><br/>examples: oxymetazoline (Afrin, Dristan),</li> <li>d. <b>Pain or fever medicine</b><br/>examples: acetaminophen (Tylenol), ibuprofen (Advil)</li> <li>e. <b>Nasal rinse, sinus rinse or neti pot</b></li> <li>f. <b>None of these</b> (<a href="#">Skip to Q13</a>)</li> </ul> |
| <b>12.</b> | What are the names of the medications you have taken, and what amount or dosage have you taken?     |  |
| <b>13.</b> | Have you taken antibiotics for any reason in the past 3 months?                                     | <ul style="list-style-type: none"> <li>a. I am currently taking antibiotics (<a href="#">Skip to Q14</a>)</li> <li>b. I recently took antibiotics but I am not taking them now (<a href="#">Skip to Q14</a>)</li> <li>c. No (<a href="#">Skip to Q16</a>)</li> <li>d. I am not sure (<a href="#">Skip to Q16</a>)</li> </ul>   |
| <b>14.</b> | What was the name of the antibiotic and how many days did you take it (or have you been taking it)? |  |
| <b>15.</b> | Were the antibiotics for your current symptoms or something else? Please describe                   |  |
| <b>16.</b> | Do you currently take any of the following medications?   | <ul style="list-style-type: none"> <li>a. <b>Nasal steroid spray</b><br/>examples: fluticasone (Flonase, Veramyst), triamcinolone (Nasacort), mometasone (Nasonex)</li> <li>b. <b>Oral steroid</b><br/>examples: prednisone, prednisolone, hydrocortisone</li> <li>c. <b>Blood thinners</b><br/>examples: warfarin (Coumadin)</li> <li>d. <b>None of the above</b></li> </ul>  |
| <b>17.</b> | Please tell me the name and dosage of any other medications you have started in the past month.     |  |
| <b>18.</b> | Do you currently smoke?   | <ul style="list-style-type: none"> <li>a. Yes, every day</li> <li>b. Yes, occasionally</li> <li>c. No</li> </ul>   |

**Sinus-specific Questions (continued)**

|                   |  |   |
|-------------------|--|---|
| <p><b>19.</b></p> | <p>Do you have or have you ever been told you had asthma or reactive airway disease?</p>       | <ul style="list-style-type: none"> <li>a. Yes, but I have not had to increase use of my rescue inhaler</li> <li>b. Yes, and I have had to increase use of my rescue inhaler</li> <li>c. Yes, and even with increased use of my rescue inhaler my breathing is more difficult</li> <li>d. Yes, but I do not currently have a rescue inhaler</li> <li>e. No</li> </ul>  |
| <p><b>20.</b></p> | <p>Have you recently been in the hospital?</p>   | <p>Yes<br/>No (<a href="#">Skip to Q22</a>)</p>   |
| <p><b>21.</b></p> | <p>Please tell me a little more about why, when and for how long you were in the hospital.</p> |   |
| <p><b>22.</b></p> | <p>Please tell me if any of the following apply to you.</p>                                    | <ul style="list-style-type: none"> <li>a. I have received chemotherapy or treatment for cancer in the past month</li> <li>b. I am the recipient of a bone marrow transplant or organ transplant</li> <li>c. I am HIV positive or have HIV/AIDS</li> <li>d. I have been having double vision or loss of vision</li> <li>e. I had confusion or difficulty thinking clearly during this illness</li> <li>f. I have had surgery or general anesthesia within the past week</li> <li>g. I have had prior sinus surgery</li> <li>h. I have had dental work performed in the past month</li> <li>i. I have started a new medication for a problem other than my current illness within the past month</li> <li>j. None of the above apply to me</li> </ul> |

| Standardized Closing Questions   |   |  |
|--|---|--|
| 23.  | Is there anything else you would like to add?   |  |
| 24.  | If we have additional questions or need more information, would it be OK to call you?   | a. Yes, I don't mind receiving a call. <a href="#">(Skip to Q25)</a><br>b. No, I'd prefer all contact about this via MyChart or similar electronic healthcare record |
| 25.  | If we need to call you, what phone number(s) would be best to reach you?  |  |
| <b>STOP – Get In-Person Care</b>   | Based on your answers to one or more of the questions, we recommend that you seek in-person care. Please call your doctor's office or go to an urgent care clinic about this condition. | <i>Note to providers/users: Create a skip pattern or system for flagging responses that would trigger this "STOP" notice.</i>  |
| <i>Note to providers: If antibiotics Rx are under discussion, see this information from the CDC. Also, consider <a href="#">practicing</a> patient interactions and conversations on antibiotics by visiting the <a href="#">Conversations for Health website</a>.</i> |   |  |

\*The script was originally developed by UW Health providers and was adapted for general use by Wisconsin providers.