

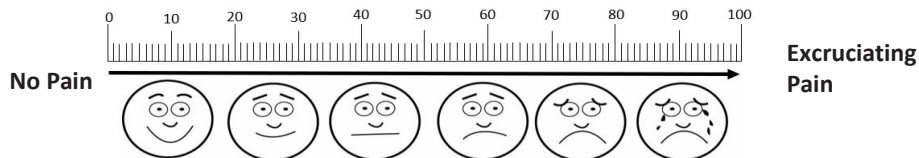


Survey of Patient & Clinician Experience: Nasendoscopy

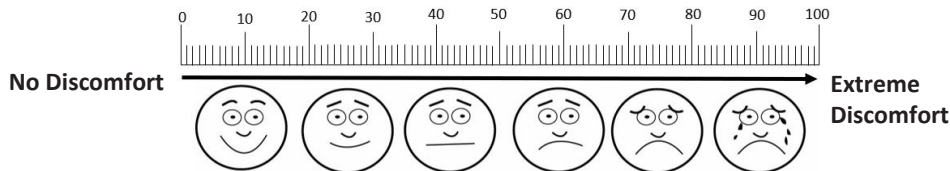
Participant Number:		
Age:	Gender: (M/F)	
	<i>(Please circle)</i>	
Have you previously had this type of examination?	Yes	No
Have you had any prior nasal surgery?	Yes	No

Instructions: Please place a cross (X) along the scale

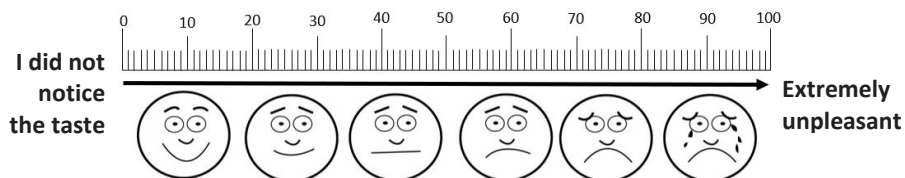
Question 1 – How painful did you find this examination?



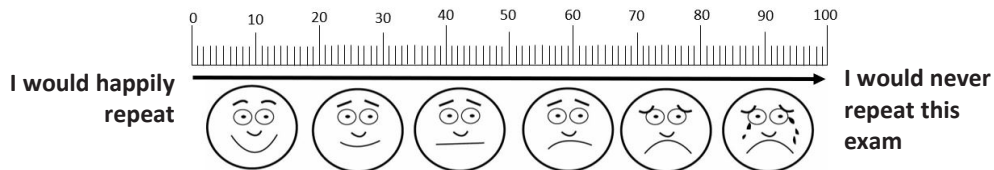
Question 2 - How much discomfort did you experience (other than pain) during this examination?



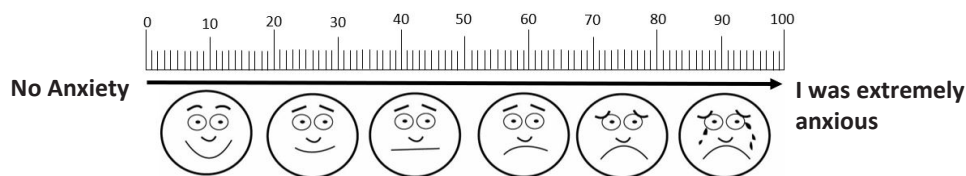
Question 3 - How unpleasant did you find the taste during this examination?



Question 4 - Would you be willing to repeat this examination again?



Question 5 - How much anxiety did you experience prior to this examination?



Clinician to Complete	
Level of Experience (circle):	RMO / PHO/ REG / CONS
Factors that promoted difficulty (e.g. anatomy / patient compliance):	
Any Qualitative Information (E.g. Patient's comments on previous experience compared to this one)	
Cross-over Did you have to change to a different method of topicalization during the exam due to patient tolerance? What did you use?	

Instructions: Please place a cross (X) along the scale	
Question 1 – Can you rate the ease with which you were able to pass the scope?	
Question 2 – Can you rate the quality of the view?	