ADDITIONAL SMELL AND TASTE QUESTIONNAIRE

For patients reporting decreased sense of smell/taste (in the SNOT-22):

1. Is the problem: decreased sense of smell, decreased taste or both?
   - Smell
   - Taste
   - Both

2. How did you first notice you had decreased smell/taste?

3. When did you first notice you had decreased smell/taste?

4. What did you notice about your loss of smell/taste when it was at its worst?

5. What do you notice about your loss of smell/taste now?

6. Is your loss of smell/taste always there or does it come and go?
   - Always there
   - Comes and goes

7. Have you sought treatment for your smell/taste loss?
   - Yes
   - No
      a. How long did you wait before seeking treatment?

      b. What treatment(s) did you try?

      c. Has the treatment helped?
         - Yes
         - No
8. Over the past 2 weeks, have you noticed some things smell/taste different or unpleasant from what they usually smell/taste like? (parosmia/parageusia)
   □ Yes  □ No
   
   a. Could you please describe how things have smelled/tasted different or unpleasant?

9. Over the past 2 weeks, have you smelled/tasted things when nothing is there? (phantosmia/phantogeusia)
   □ Yes  □ No
   
   a. Could you please explain a bit more about this problem?