

### Sinusitis/Rhinitis Symptom Log

Hello,

In the Intake Questionnaire, you indicated experiencing Sinusitis and/or Rhinitis. With this packet, I have included the relevant log. This symptom log packet also includes a rating schedule, used by the VA, on the very last page. This page will give you an idea of how your condition may be rated, and the specific terminology the VA uses to rate your condition. Additionally, definitions for some of the more technical medical terminology has been provided.

It is very important to read and understand these criteria, as your records are used by the VA to evaluate the severity of your condition.

On each page, please fill in your name in the upper-left hand corner and use the log to document all relevant symptoms and send this log back to the firm every 3 months (the firm will handle the submission to the VA – please do not submit these to the VA yourself). Please make sure you sign and date the bottom of each page before submitting these to VA Disability Group.

IMPORTANT: If your Sinusitis episodes are incapacitating/prostrating (requiring you to lie down or go on bed rest), ensure this is documented in the appropriate columns. Mark "Yes" when answering if the "Incapacitating Episode Required Bedrest?". Describe the severity in the "Symptoms Experience (Daily Notes)" Column.

**IMPORTANT:** For Rhinitis it is important to record which nostril (left, right, or both) are experiencing congestion. In the "Symptoms Experienced (Daily Notes)" describe which nostril(s) were affected and record whether it is a 50% or 100% obstruction.

You do not need to create an entry for every day, just the days you are experiencing symptoms. Documenting the frequency, severity, and specific symptoms of your condition could help your claim.

You can return this to our office in any of the following ways:

Email: cd@vadisabilitygroup.com Fax: 269-569-8611 Mailing Address: 2974 Business One Drive, Kalamazoo, MI 49048

Once again, we appreciate you choosing our firm and we look forward to working with you on your disability claims. Please do not hesitate to contact the office if you need more logs, need paper copies, or have questions on how to appropriately record your symptoms.

Kind regards,

VA Disability Group, PLLC

NAME:				SINUSITIS/RHINITIS LOG			
Date	Time	Duration/ Pain Scale (out of 10)	Symptoms (1-Episode of Sinusitis, 2-Headaches, 3-Pain and Tenderness of Affected Sinus, 4- Purulent Discharge or Crusting, 5-	Treatment (Over the Counter or Prescription: such as Humidifier, Antibiotics, Nasal Spray, Neti Pot, Steroids, Surgery)	Incapacitating Episode Requiring Bedrest? [Y/N]	Symptoms Experienced (Daily Notes)	
Example	12:30	4 hours;	Congestion*	Antibiotics		Engunder Load a boadache for 4 hours and tondorness of	
(Sinusitis)	12:30	4 nours; 6/10	1, 2, 3, 4	Antibiotics, Neti Pot, and Humidifier	Y	<i>Example:</i> I had a headache for 4 hours and tenderness of both sinuses with purulent discharge. I used a neti pot four times.	
Example (Rhinitis)	Started in AM	All Day 8/10	5	Humidifer	N/A	<i>Example:</i> Starting early morning (and lasting all day), my left and right nostril were 50% congested.	
Signature: Date:							

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Date	Time	Duration/ Pain Scale (out of 10)	Symptoms (1-Episode of Sinusitis, 2-Headaches, 3-Pain and Tenderness of Affected Sinus, 4- Purulent Discharge or Crusting, 5-	Treatment (Over the Counter or Prescription: such as Humidifier, Antibiotics, Nasal Spray, Neti Pot, Steroids, Surgery)	Incapacitating Episode Requiring Bedrest? [Y/N]	Symptoms Experienced (Daily Notes)		
			Congestion*					
Signature:	Signature: Date:							

NAME:				SINUS	SINUSITIS/RHINITIS LOG			
Date	Time	Duration/ Pain Scale (out of 10)	Symptoms (1-Episode of Sinusitis, 2-Headaches, 3-Pain and Tenderness of Affected Sinus, 4- Purulent Discharge or Crusting, 5 - Congestion*	Treatment (Over the Counter or Prescription: such as Humidifier, Antibiotics, Nasal Spray, Neti Pot, Steroids, Surgery)	Incapacitating Episode Requiring Bedrest? [Y/N]	Symptoms Experienced (Daily Notes)		
Signature:	Signature: Date:							

NAME:	E: SINUSITIS/RHINITIS LOG						
Date	Time	Duration/ Pain Scale (out of 10)	Symptoms (1-Episode of Sinusitis, 2-Headaches, 3-Pain and Tenderness of Affected Sinus, 4- Purulent Discharge or Crusting. 5- Congestion*	Treatment (Over the Counter or Prescription: such as Humidifier, Antibiotics, Nasal Spray, Neti Pot, Steroids, Surgery)	Incapacitating Episode Requiring Bedrest? [Y/N]	Symptoms Experienced (Daily Notes)	
Signature:	ignature: Date:						

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Date	Time	Duration/ Pain Scale (out of 10)	Symptoms (1-Episode of Sinusitis, 2-Headaches, 3-Pain and Tenderness of Affected Sinus, 4- Purulent Discharge or Crusting, 5- Congestion*	Treatment (Over the Counter or Prescription: such as Humidifier, Antibiotics, Nasal Spray, Neti Pot, Steroids, Surgery)	Incapacitating Episode Requiring Bedrest? [Y/N]	Symptoms Experienced (Daily Notes)	
Signature:	Signature: Date:						

### Rating Criteria for Respective Evaluations (Sinusitis)

50 Percent:

Following radical surgery with chronic osteomyelitis, or; near constant sinusitis characterized by headaches, pain and tenderness of affected sinus, and purulent discharge or crusting after repeated surgeries.

#### 30 Percent:

Three or more incapacitating episodes per year of sinusitis requiring prolonged (lasting four to six weeks) antibiotic treatment, or; more than six non-incapacitating episodes per year of sinusitis characterized by headaches, pain, and purulent discharge or crusting.

10 Percent:

One or two incapacitating episodes per year of sinusitis requiring prolonged (lasting four to six weeks) antibiotic treatment or; three to six non-incapacitating episodes per year of sinusitis characterized by headaches, pain, and purulent discharge or crusting.

0 Percent: Detected by X-ray only.

NOTE: These are the Sinusitis symptoms associated with corresponding disability evaluations. In general, you need symptoms at the respective evaluation to qualify for such. If these symptoms are experienced, you will want to list them in the "notes" section of the Sinusitis log. Please keep in mind the listed symptoms are not exhaustive. All symptoms you associate with your Sinusitis condition should be listed in the notes section even if it is not listed.

## Rating Criteria for Respective Evaluations (Rhinitis)

30 Percent: With polyps.

### 10 Percent:

Without polyps, but with greater than 50-percent obstruction of nasal passage on both sides or complete obstruction on one side.

# \*NOTE: If you are reporting symptoms of congestion (5), use the "Symptoms Experienced" column to specify which nostril (left, right, or both) is experiencing congestion. Additionally, please specify if the nostril is 50% or 100% congested.

Medical Definitions

Osteomyelitis - Infection in a bone

<u>Purulent Discharge</u> – A type of fluid that is released from a wound, often described as being "milky" in appearance and texture <u>Polyp</u> - A small growth, usually benign and with a stalk, protruding from a mucous membrane.