

Living with CRSwNP: **The Next Step Forward**

**“CRSwNP
makes me feel
like I’m being
smothered.”**



Advancing science, a deeper understanding

Many people live with an inflammatory disease of the sinuses known as chronic rhinosinusitis (CRS). When nasal polyps are present at the same time, this condition is known as chronic rhinosinusitis with nasal polyps (CRSwNP) – and many people accept their condition as “just the way it is”.

And many – like you – may have experienced this condition for years. But if your symptoms are messy and bothersome, and they interfere with your daily activities, it’s important to know that science is advancing what we know about CRSwNP.

A different kind of inflammation

Research in CRS science confirms that a specific kind of inflammation inside your body can be associated with CRSwNP. It’s called type 2 inflammation, and it can also be associated with other inflammatory diseases, including asthma and eczema (atopic dermatitis).



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**“Talking to
my doctor
helped loosen
the grip of
CRSwNP.”**



Complete this survey to share and discuss with your doctor:

How much do CRSwNP symptoms affect your life?

Below you will find a list of symptoms and social/emotional consequences you might be experiencing due to your CRSwNP. Rate your problems as they have been **over the past two weeks**.

Hope starts with talking to your doctor and making a plan today

Being proactive about having an open conversation with your doctor may help improve how you feel on a daily basis.

Considering how severe the problem is when you experience it and how often it happens, please rate each item below on how "bad" it is by circling the number that corresponds with how you feel, using this scale:	No problem	Very mild problem	Mild or slight problem	Moderate problem	Severe problem	Problem as bad as it can be	5 most important items
1. Need to blow nose	0	1	2	3	4	5	<input type="checkbox"/>
2. Nasal blockage	0	1	2	3	4	5	<input type="checkbox"/>
3. Sneezing	0	1	2	3	4	5	<input type="checkbox"/>
4. Runny nose	0	1	2	3	4	5	<input type="checkbox"/>
5. Cough	0	1	2	3	4	5	<input type="checkbox"/>
6. Post-nasal discharge	0	1	2	3	4	5	<input type="checkbox"/>
7. Thick nasal discharge	0	1	2	3	4	5	<input type="checkbox"/>
8. Ear fullness	0	1	2	3	4	5	<input type="checkbox"/>
9. Dizziness	0	1	2	3	4	5	<input type="checkbox"/>
10. Ear pain	0	1	2	3	4	5	<input type="checkbox"/>
11. Facial pain/pressure	0	1	2	3	4	5	<input type="checkbox"/>
12. Decreased sense of smell/taste	0	1	2	3	4	5	<input type="checkbox"/>
13. Difficulty falling asleep	0	1	2	3	4	5	<input type="checkbox"/>
14. Waking up at night	0	1	2	3	4	5	<input type="checkbox"/>
15. Lack of good night's sleep	0	1	2	3	4	5	<input type="checkbox"/>
16. Waking up tired	0	1	2	3	4	5	<input type="checkbox"/>
17. Fatigue	0	1	2	3	4	5	<input type="checkbox"/>
18. Reduced productivity	0	1	2	3	4	5	<input type="checkbox"/>
19. Reduced concentration	0	1	2	3	4	5	<input type="checkbox"/>
20. Frustrated/restless/irritable	0	1	2	3	4	5	<input type="checkbox"/>
21. Sad	0	1	2	3	4	5	<input type="checkbox"/>
22. Embarrassed	0	1	2	3	4	5	<input type="checkbox"/>

Please mark the most important items affecting your health (maximum of 5 items)

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SCORE: _____/110

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