



Rinse it out!

Nasal irrigation for healthy sinuses



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This booklet has been made by health experts at the University of Southampton, including GPs, clinicians and psychologists. The advice is based on scientific and medical studies and has been shown to help people to keep their sinuses healthy.

How can nasal irrigation help my sinusitis?

Studies show that nasal irrigation **improves symptoms and quality of life.**

Nasal irrigation helps improve sinusitis by:

➡ **fighting infections** by washing out dust, pollutions and other irritants which damage the nose's lining. This makes it harder for bacteria and viruses to cause infections in your nose and sinuses.

This means **irrigation helps you feel better when you have symptoms, but it also helps prevent or shorten further 'attacks'** (such as blocked nose, facial pain, or pressure).

What's important — **you can irrigate as often as you like!**

To help attacks that are happening:

➡ Irrigate at least **once a day**. The symptoms may not improve straight away — **it often takes about a week to see the benefit!**

You can get the best results if you **keep irrigating even when the symptoms improve.**

To stop attacks from starting:

➡ Still irrigate daily or **at least every other day.**

The best way **to prevent further attacks is to keep irrigating for 6 months at least every other day.**



Nasal irrigation instructions

1 Each day make up a fresh solution. When irrigating more than once a day it is fine to keep the solution leftover in the fridge. Just re-warm it before using it.

To make up a solution fill a clean container with:

- ⇒ **1 pint (500 ml) of lukewarm, fresh, tap water**
- ⇒ **1 heaped teaspoon of salt** (sea salt, table salt, etc.)
- ⇒ **1 half teaspoon of baking soda**

Stir until the salt and baking soda are dissolved.

Most people find that **warm water is the most comfortable.**

2 Fill your irrigator with 150 ml (1/3 a pint) of the solution.



To watch a video demonstration of nasal irrigation — check out the website: https://www.lifeguideonline.org/player/play/SNIFS2_14_02

- 3 Lean over a sink and put the tip of the irrigator into your left nostril.



- 4 Then, turn your head to the right, take a breath in and hold it. Next, slowly tip the irrigator until solution goes into the nostril. Keep going until you use 150 ml (1/3 pint). The solution will come out through the other nostril. Then, wipe your nose.



- 5 Repeat the same steps for the other nostril.

After each use **rinse the neti pot with hot water** and leave it to **dry completely**. **Once a week sterilise your neti** — you can just put it in the dishwasher.



Common questions about nasal irrigation

Read answers to common questions people had before they started nasal irrigation.

Questions about what nasal irrigation feels like

Is it safe having water in the nose, or are there any side effects?

Yes it is safe. At first it might feel a little odd to have water in your nose, but people get used to this quickly.

It is also normal to have some salt solution come from your nose after irrigating. You might feel water running down your throat. This is not harmful. You can avoid this by tilting your head and neck, so that your throat is more level.

What if it is uncomfortable?

Some people find it uncomfortable at first, but it is worth keeping going.

It becomes more comfortable over time, and you will start to see the benefits.



What if it stings?

A few people find that the salt stings a little, and rarely people can get headaches.

If this happens, only **use half the amount of salt the next time, or cut down how often you irrigate.** This usually helps!

Tips to help you remember to do nasal irrigation

Is it easy to learn, and how long does it take?

Yes, most people get the hang of it after one or two goes. It takes about 5 minutes from making the solution to finishing.

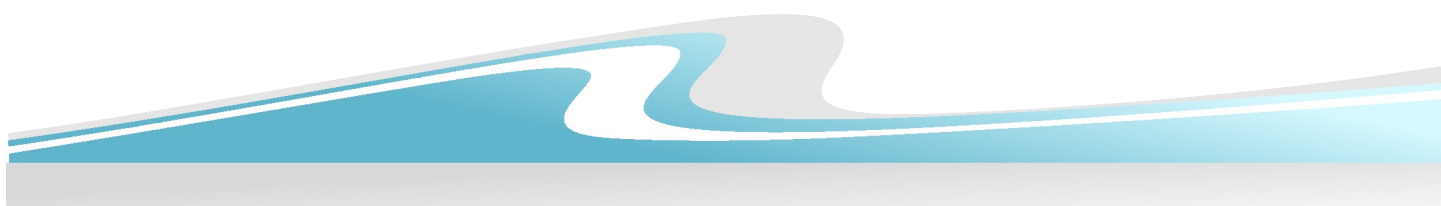
When is it best to do it?

Whenever suits you most, you may add it **as part of your washing/showering/teeth cleaning routine.**

Most people prefer not to use the rinse just before or after a meal, before bed, or going out, as a little salt water can continue to drain for about 15-20 minutes.

What else helps?

Keep your irrigator and salt in a handy place such as **in the bathroom cabinet, or next to your toothbrush.** Adding it to your daily routine is a great way to make it a habit!



Other questions about nasal irrigation

Usually I develop sinusitis once or twice a year, can nasal irrigation still help me?

Yes, nasal irrigation helps to prevent viruses and bacteria from causing sinusitis ‘attacks’. No matter how often you suffer from sinusitis, nasal irrigation should help!

Do I need to use boiled/sterilised water for nasal irrigation?

No, it is fine to use clean, fresh tap water.

Irrigating seems to produce more mucus and leaves me feeling ‘bunged up’ what can I do?

You can use a little bit more salt in the solution. We suggest one or two extra pinches of salt.

Questions

If you have any questions about nasal irrigation, you are welcome to contact the research team:

Email: snifsii@soton.ac.uk or telephone: 02380 591 773



SNIFSII trial

Patient Diary

Clinician ID:

Patient ID:

Date of consultation dd/mm/yy:

Instructions

Your doctor or nurse and researchers from the SNIFS study would like to thank you for your kind and important contribution to this research. We wish you a speedy recovery!

What should I do?

We will ask you to answer:

1. **General Questions Part 1.** Please answer these questions as soon as possible after visiting your GP or nurse. This should take no more than 5 minutes.
2. **Symptoms for each day.** Please start **today** – the day you have seen your GP or nurse. This is day 1. For each day, please give every symptom we list a score from 0 to 6. This should take you no more than a minute or two each day. On the day that you score all symptoms 0 (so you feel completely better) please then complete the weekly questions for that week and then go to the General Questions Part 2.
3. **Weekly Questions.** Please answer these questions at the end of each week during which you have any symptoms. Please answer the Weekly Questions for any week where you have recorded symptoms, even if you do not have symptoms for the whole week. This should take you less than five minutes each week. For example, if Day 1 for you was a Thursday, you should fill in the weekly questions on Day 7 (this will be a Wednesday), Day 14 (Wednesday), Day 21 (Wednesday) and Day 28 (Wednesday).
4. **General Questions Part 2.** Please answer these questions when you either have no more symptoms, or it is day 28. This should take no more than 5 minutes. You have now completed your diary.

What do I do when I've completed my diary?

Please would you kindly post your diary back to us in the stamped addressed envelope enclosed in your study pack. We would be grateful if you could do this as soon as possible after completing the diary.

What should I do if I have questions or problems filling in or returning this diary?

If you have any problems or questions about the diary, or if you have lost the return envelope, or if you have questions about this research study, please contact us at *[name University/organisation NNC]*

General questions part 1:

Please tell us about yourself

Date of Birth: Day_____Month_____Year

Gender: Male ☐ Female ☐

How many adults live in your household, including you? _____

Are there children living in your household?

No ☐ Yes ☐

If Yes, how many children live in your household aged:

4 to 18 years? ☐

3 years or less? ☐

How many years were you in full-time school/college/university after age 10 years _____

Do you have any long-term illness, health problem, or handicap which limits your daily activities or the work you can do? (Please include any problems that are due to old age.)

No ☐ Yes ☐

If **Yes**, please give details below,

Have you ever had hay fever, eczema or asthma? No: ☐ Yes: ☐

Has any person in your family (parents, grandparents, sisters, brothers or your children) had hay fever, eczema or asthma? No: ☐ Yes: ☐

Other than with the sinus infection you have at the moment, have you had a sinus infection lasting more than a week in the last 12 months?

No: ☐ Yes: ☐ If **Yes** how many.....

Do you smoke?

No: ☐ Yes: ☐ Occasionally: ☐ If **Yes** or **Occasionally**:

How many years have you smoked for **in total**? _____years

If you smoke daily, how many cigarettes do you smoke, on average, per day_____?

If you smoke occasionally, how many cigarettes do you smoke, on average per week _____?

If **No** (you don't smoke now), have you ever smoked?

No: ☐ Yes: ☐

If **Yes**:

For how many years in total did you smoke?_____ years

How many did you used to smoke per day on average? ____per day

When did you give up smoking?
 _____years ago, or _____months ago, or _____days ago

Questions about your sinus infection

How many days were you unwell for before you saw your GP or nurse for **this** illness ?
 _____days

Have you have a discharge from the nose or runny nose? Yes ☐ No ☐

If yes what colour was it:

Clear	☐
White	☐
Light Green	☐
Dark Green	☐
Blood stained	☐

Did you treat this illness with any over the counter medications before going to your GP?

No: ☐ Yes: ☐

If yes, please give the details of what you took:

Name of over the counter medicine	Number of days you took the medicine

Have you taken any other remedies for this illness infection before going to your GP?

No: ☐ Yes: ☐

If yes, please specify remedy _____

Now we ask that you think back to the moment *before* you saw your GP or nurse.

Were you *expecting* your GP or nurse to prescribe antibiotics?

No: ☐ Yes: ☐

Were you *hoping* that your GP or nurse would prescribe antibiotics?

No: ☐ Yes: ☐

Did you *ask* your GP or nurse for antibiotics?

No: ☐ Yes: ☐

Please tick one box to indicate how strongly you agree with each of the following statements:

	Strongly Agree	Agree	Agree slightly	Neither Agree or disagree	Disagree slightly	Disagree	Strongly Disagree
It is usually necessary to take antibiotics to clear up a sinus infection							
Taking antibiotics for a sinus infection can do more harm than good							

Compared with before the consultation, overall do you feel you:

	Strongly agree	Agree	Agree slightly	Neither Agree or disagree	Disagree slightly	Disagree	Strongly Disagree
Are more able to cope with life							
Are more able to understand your illness							
Are more able to cope with your illness							
Are more able to keep yourself healthy							
Are more confident about your health							
Are more able to help yourself							
got all the advice you needed?							
got all the information you needed?							
were satisfied with the consultation							

By ticking one box for each of the items below, please indicate which statement best describes your own health state today.

3. Mobility

- I have no problems in walking about ☐
- I have slight problems walking about ☐
- I have moderate problems walking about ☐
- I have severe problems walking about ☐
- I am unable to walk about ☐

- 4. Self-Care**
- I have no problems washing or dressing myself ☐
 - I have slight problems washing or dressing myself ☐
 - I have moderate problems washing or dressing myself ☐
 - I have severe problems washing or dressing myself ☐
 - I am unable to wash or dress myself ☐

5. Usual Activities (e.g. work, study, housework, family or leisure activities)

- I have no problems doing my usual activities ☐
- I have slight problems doing my usual activities ☐
- I have moderate problems doing my usual activities ☐
- I have severe problems doing my usual activities ☐
- I am unable to do my usual activities ☐

- 6. Pain or discomfort**
- I have no pain or discomfort ☐
 - I have slight pain or discomfort ☐
 - I have moderate pain or discomfort ☐
 - I have severe pain or discomfort ☐
 - I have extreme pain or discomfort ☐

- 7. Anxiety or depression**
- I am not anxious or depressed ☐
 - I am slightly anxious or depressed ☐
 - I am moderately anxious or depressed ☐
 - I am severely anxious or depressed ☐
 - I am extremely anxious or depressed ☐

SYMPTOMS FOR EACH DAY

Please start today – the day you have seen your GP or nurse. This is day 1.

For each day, please give every symptom a score from 0 to 6 until you score 0 for **all** symptoms, or until it is day 28. Then answer the General Questions Part 2, and post the diary back to us. If you continue to have symptoms, please continue for 28 days.

SCORE	Severity of symptom
0	Normal/not affected
1	Very little problem
2	Slight problem
3	Moderately bad
4	Bad
5	Very bad
6	As bad as it could be

EXAMPLE: This person has nasal blockage that is 'as bad as it could be' for the first 2 days then it gradually starts to improve but is still present on day 7, and nasal discharge which is 'very bad' on day 1 but improves quickly and is completely gone by day 5, and pain in the face which is bad for 6 days then a slight problem on day 7, but no other symptoms. Steam inhalation was done 4 times per day and ibuprofen 3 times per day until day 6, then both used once on day 7 (and but nothing else was used).

Symptoms	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Nasal blockage	6	6	5	4	4	4	3
Nasal discharge	5	3	3	1	0	0	0
Unpleasant taste or smell	0	0	0	0	0	0	0
Pain in the face	4	4	4	4	4	4	2
Headaches	0	0	0	0	0	0	0
Pain in the face, head, jaws or teeth on bending	0	0	0	0	0	0	0
Fever/chills	0	0	0	0	0	0	0
Disturbed sleep	0	0	0	0	0	0	0
Feeling generally unwell	0	0	0	0	0	0	0
Interference with normal activities/ work	0	0	0	0	0	0	0
What you did:							
Number of tablets used:: paracetamol	0	0	0	0	0	0	0
ibuprofen/voltarol	3	3	3	3	3	3	1
Other analgesic	0	0	0	0	0	0	0
Number of times: steam inhalation	2	2	2	2	2	2	1
saline nasal irrigation	0	0	0	0	0	0	0

WEEK 1

For each day, please give every symptom a score from 0 to 6. If you score 0 for all symptoms, complete the weekly questions for week 1 and go to the General Questions Part 2.

SCORE	Severity of symptom
0	Normal/not affected
1	Very little problem
2	Slight problem
3	Moderately bad
4	Bad
5	Very bad
6	As bad as it could be

Symptoms	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Nasal blockage							
Nasal discharge							
Unpleasant taste or smell							
Pain in the face							
Headaches							
Pain in the face, head, jaws or teeth on bending forward							
Fever/chills							
Disturbed sleep							
Feeling generally unwell							
Interference with normal activities/ work (from this illness)							
What you did:							
Number of tablets used:: <i>paracetamol</i>							
<i>Ibuprofen/voltarol</i>							
<i>Other analgesic</i>							
Number of times: <i>steam inhalation</i>							
<i>saline nasal irrigation</i>							

* Please note, day 1 is the day that you saw your GP or nurse, not the first day of this illness.

** Please answer the weekly questions for week 1 and continue until you score '0' for all symptoms, or it is day 28.

ATTENTION: Always complete the **Weekly questions** on the next pages. Then if all symptoms above are scored '0', you can finalize your diary by filling out the **General Questions Part 2** on page XX also.

Weekly questions, week 1

1. How many days in the past week have you been unable to work or attend college because of this illness? _____ days

(please answer N/A if you do not work or attend college; if you do but have not missed any days, please put zero)

2. Have you purchased any medicine for your sinus infection during the past week? No: ☐
Yes: ☐

If Yes, please give the details in the table below:

Name of medicine	Price paid for medicine	Tick if the medicine was prescribed for you
		☐
		☐
		☐
		☐
		☐

3. Were you asked by your GP or nurses to do nasal irrigation? No: ☐ Yes: ☐

If No go to the next question (question 4)

If Yes, please tick one box on each line to indicate how often you used materials that were provided during the study:

	Not at all	Once	Two or three times	Four or five times	More than five times
'SNIFSI' Instruction leaflet (provided by your GP)					
'SNIFSI' Instruction video					
'SNIFSI' Online information					

If you did not use any of the materials, please let us know why here:

By ticking one box for each of the items below, please indicate which statement best describes your own health state today.

- 4. Mobility**
- I have no problems in walking about ☐
 - I have slight problems walking about ☐
 - I have moderate problems walking about ☐
 - I have severe problems walking about ☐
 - I am unable to walk about ☐

- 5. Self-Care**
- I have no problems washing or dressing myself ☐
 - I have slight problems washing or dressing myself ☐
 - I have moderate problems washing or dressing myself ☐
 - I have severe problems washing or dressing myself ☐
 - I am unable to wash or dress myself ☐

6. Usual Activities (e.g. work, study, housework, family or leisure activities)

- I have no problems doing my usual activities ☐
- I have slight problems doing my usual activities ☐
- I have moderate problems doing my usual activities ☐
- I have severe problems doing my usual activities ☐
- I am unable to do my usual activities ☐

- 7. Pain or discomfort**
- I have no pain or discomfort ☐
 - I have slight pain or discomfort ☐
 - I have moderate pain or discomfort ☐
 - I have severe pain or discomfort ☐
 - I have extreme pain or discomfort ☐

- 8. Anxiety or depression**
- I am not anxious or depressed ☐
 - I am slightly anxious or depressed ☐
 - I am moderately anxious or depressed ☐
 - I am severely anxious or depressed ☐
 - I am extremely anxious or depressed ☐

ATTENTION: If all symptoms scored '0' (see page XX), you can finalize your diary by filling out the **General Questions Part 2** on page XX . If not, please continue on next page.

WEEK 2

For each day, please give every symptom a score from 0 to 6. If you score 0 for all symptoms, complete the weekly questions for week 1 and go to the General Questions Part 2.

SCORE	Severity of symptom
0	Normal/not affected
1	Very little problem
2	Slight problem
3	Moderately bad
4	Bad
5	Very bad
6	As bad as it could be

Symptoms	Day 8*	Day 9	Day10	Day11	Day 12	Day 13	Day 14
Nasal blockage							
Nasal discharge							
Unpleasant taste or smell							
Pain in the face							
Headaches							
Pain in the face, head, jaws or teeth on bending							
Fever/chills							
Disturbed sleep							
Feeling generally unwell							
Interference with normal activities/ work							
What you did:							
Number of tablets used:: <i>paracetamol</i>							
<i>Ibuprofen/voltarol</i>							
<i>Other analgesic</i>							
Number of times: <i>steam inhalation</i>							
<i>saline nasal irrigation</i>							

* Please note, day 8 is one week after you saw your GP or nurse.

** Please answer the weekly questions for week 2, and continue until you score '0' for all symptoms or it is day 28

ATTENTION: Always complete the **Weekly questions** on the next pages. Then if all the above symptoms are scored '0', you can finalize your diary by filling out the **General Questions Part 2** on page XX also.

Weekly questions, week 2:

1. How many days in the past week have you been unable to work or attend college because of this illness?

_____ days

(please answer N/A if you do not work or attend college; if you do but have not missed any days, please put zero)

2. Have you purchased any medicine for your sinus infection during the past week?

No: ☐ Yes: ☐

If Yes, please give the details in the table below:

Name of medicine	Price paid for medicine	Tick if the medicine was prescribed for you
		☐
		☐
		☐
		☐
		☐

3. Were you asked by your GP or nurses to do nasal irrigation? No: ☐ Yes: ☐

If No go to the next question (question 4)

If Yes, please tick one box on each line to indicate how often you used materials that were provided during the study:

	Not at all	Once	Two or three times	Four or five times	More than five times
'SNIFSI' Instruction leaflet (provided by your GP)					
'SNIFSI' Instruction video					
'SNIFSI' Online information					

If you did not use any of the materials, please let us know why here:

By ticking one box for each of the items below, please indicate which statement best describes your own health state today.

- 4. Mobility**
- I have no problems in walking about ☐
 - I have slight problems walking about ☐
 - I have moderate problems walking about ☐
 - I have severe problems walking about ☐
 - I am unable to walk about ☐

- 5. Self-Care**
- I have no problems washing or dressing myself ☐
 - I have slight problems washing or dressing myself ☐
 - I have moderate problems washing or dressing myself ☐
 - I have severe problems washing or dressing myself ☐
 - I am unable to wash or dress myself ☐

6. Usual Activities (e.g. work, study, housework, family or leisure activities)

- I have no problems doing my usual activities ☐
- I have slight problems doing my usual activities ☐
- I have moderate problems doing my usual activities ☐
- I have severe problems doing my usual activities ☐
- I am unable to do my usual activities ☐

- 7. Pain or discomfort**
- I have no pain or discomfort ☐
 - I have slight pain or discomfort ☐
 - I have moderate pain or discomfort ☐
 - I have severe pain or discomfort ☐
 - I have extreme pain or discomfort ☐

- 8. Anxiety or depression**
- I am not anxious or depressed ☐
 - I am slightly anxious or depressed ☐
 - I am moderately anxious or depressed ☐
 - I am severely anxious or depressed ☐
 - I am extremely anxious or depressed ☐

ATTENTION: If all symptoms scored '0' (see page XX), you can finalize your diary by filling out the **General Questions Part 2** on page XX . If not, please continue on next page.

WEEK 3

For each day, please give every symptom a score from 0 to 6. If you score 0 for all symptoms, complete the weekly questions for week 1 and go to the General Questions Part 2.

SCORE	Severity of symptom
0	Normal/not affected
1	Very little problem
2	Slight problem
3	Moderately bad
4	Bad
5	Very bad
6	As bad as it could be

Symptoms	Day 15*	Day 16	Day17	Day18	Day 19	Day 20	Day 21
Nasal blockage							
Nasal discharge							
Unpleasant taste or smell							
Pain in the face							
Headaches							
Pain in the face, head, jaws or teeth on bending							
Fever/chills							
Disturbed sleep							
Feeling generally unwell							
Interference with normal activities/ work							
What you did:							
Number of tablets used:: <i>paracetamol</i>							
<i>Ibuprofen/voltarol</i>							
<i>Other analgesic</i>							
Number of times: <i>steam inhalation</i>							
<i>saline nasal irrigation</i>							

* Please note, day 15 is two weeks after you saw your GP or nurse.

** Please answer the weekly questions for week 3, and continue until you score '0' for all symptoms or it is day 28

ATTENTION: Always complete the **Weekly questions** on the next pages. If all symptoms are scored '0', you can finalize your diary by filling out the **General Questions Part 2** on page XX also.

Weekly questions, week 3

1. How many days in the past week have you been unable to work or attend college because of this illness?

_____ days

(please answer N/A if you do not work or attend college; if you do but have not missed any days, please put zero)

2. Have you purchased any medicine for your sinus infection during the past week? No: ☐
Yes: ☐

If Yes, please give the details in the table below:

Name of medicine	Price paid for medicine	Tick if the medicine was prescribed for you
		☐
		☐
		☐
		☐
		☐

3. Were you asked by your GP or nurses to do nasal irrigation? No: ☐ Yes: ☐

If No go to the next question (question 4)

If Yes, please tick one box on each line to indicate how often you used materials that were provided during the study:

	Not at all	Once	Two or three times	Four or five times	More than five times
'SNIFSI' Instruction leaflet (provided by your GP)					
'SNIFSI' Instruction video					
'SNIFSI' Online information					

If you did not use any of the materials, please let us know why here:

By ticking one box for each of the items below, please indicate which statement best describes your own health state today.

- 4. Mobility**
- I have no problems in walking about ☐
 - I have slight problems walking about ☐
 - I have moderate problems walking about ☐
 - I have severe problems walking about ☐
 - I am unable to walk about ☐

- 5. Self-Care**
- I have no problems washing or dressing myself ☐
 - I have slight problems washing or dressing myself ☐
 - I have moderate problems washing or dressing myself ☐
 - I have severe problems washing or dressing myself ☐
 - I am unable to wash or dress myself ☐

6. Usual Activities (e.g. work, study, housework, family or leisure activities)

- I have no problems doing my usual activities ☐
- I have slight problems doing my usual activities ☐
- I have moderate problems doing my usual activities ☐
- I have severe problems doing my usual activities ☐
- I am unable to do my usual activities ☐

- 7. Pain or discomfort**
- I have no pain or discomfort ☐
 - I have slight pain or discomfort ☐
 - I have moderate pain or discomfort ☐
 - I have severe pain or discomfort ☐
 - I have extreme pain or discomfort ☐

- 8. Anxiety or depression**
- I am not anxious or depressed ☐
 - I am slightly anxious or depressed ☐
 - I am moderately anxious or depressed ☐
 - I am severely anxious or depressed ☐
 - I am extremely anxious or depressed ☐

ATTENTION: If all symptoms scored '0' (see page XX), you can finalize your diary by filling out the **General Questions Part 2** on page XX . If not, please continue on next page.

WEEK 4

For each day, please give every symptom a score from 0 to 6. If you score 0 for all symptoms, complete the weekly questions for week 1 and go to the General Questions Part 2.

SCORE	Severity of symptom
0	Normal/not affected
1	Very little problem
2	Slight problem
3	Moderately bad
4	Bad
5	Very bad
6	As bad as it could be

Symptoms	Day 22*	Day 23	Day24	Day25	Day 26	Day 27	Day 28
Nasal blockage							
Nasal discharge							
Unpleasant taste or smell							
Pain in the face							
Headaches							
Pain in the face, head, jaws or teeth on bending							
Fever/chills							
Disturbed sleep							
Feeling generally unwell							
Interference with normal activities/ work							
What you did:							
Number of tablets used:: <i>paracetamol</i>							
<i>Ibuprofen/voltarol</i>							
<i>Other analgesic</i>							
Number of times: <i>steam inhalation</i>							
<i>saline nasal irrigation</i>							

* Please note, day 22 is three weeks after you saw your GP or nurse.

**** ATTENTION:** Please always complete the **Weekly questions** on the next pages and finalize your diary by filling out the **General Questions Part 2** on page XX.

Weekly questions, week 4

1. How many days in the past week have you been unable to work or attend college because of this illness?

_____days

(please answer N/A if you do not work or attend college; if you do but have not missed any days, please put zero)

2. Have you purchased any medicine for your sinus infection during the past week?

No: ☐ Yes: ☐

If Yes, please give the details in the table below:

Name of medicine	Price paid for medicine	Tick if the medicine was prescribed for you
		☐
		☐
		☐
		☐
		☐

3. Were you asked by your GP or nurses to do nasal irrigation? No: ☐ Yes: ☐

If No go to the next question (question 4)

If Yes, please tick one box on each line to indicate how often you used materials that were provided during the study:

	Not at all	Once	Two or three times	Four or five times	More than five times
'SNIFSI' Instruction leaflet (provided by your GP)					
'SNIFSI' Instruction video					
'SNIFSI' Online information					

If you did not use any of the materials, please let us know why here:

By ticking one box for each of the items below, please indicate which statement best describes your own health state today.

- 4. Mobility**
- I have no problems in walking about ☐
 - I have slight problems walking about ☐
 - I have moderate problems walking about ☐
 - I have severe problems walking about ☐
 - I am unable to walk about ☐

- 5. Self-Care**
- I have no problems washing or dressing myself ☐
 - I have slight problems washing or dressing myself ☐
 - I have moderate problems washing or dressing myself ☐
 - I have severe problems washing or dressing myself ☐
 - I am unable to wash or dress myself ☐

6. Usual Activities (e.g. work, study, housework, family or leisure activities)

- I have no problems doing my usual activities ☐
- I have slight problems doing my usual activities ☐
- I have moderate problems doing my usual activities ☐
- I have severe problems doing my usual activities ☐
- I am unable to do my usual activities ☐

- 7. Pain or discomfort**
- I have no pain or discomfort ☐
 - I have slight pain or discomfort ☐
 - I have moderate pain or discomfort ☐
 - I have severe pain or discomfort ☐
 - I have extreme pain or discomfort ☐

- 8. Anxiety or depression**
- I am not anxious or depressed ☐
 - I am slightly anxious or depressed ☐
 - I am moderately anxious or depressed ☐
 - I am severely anxious or depressed ☐
 - I am extremely anxious or depressed ☐

General questions part 2.

Please answer these question once you have scored '0' for all **daily** symptoms, or it is day 28.

Overall, on what day did you feel recovered? The day you started this diary was day 1. Please state the **number of the day that you felt recovered** (If you are not yet recovered, please answer not applicable (N/A).

Day number : _____

Since your visit to your GP/nurse on day 1, have you been admitted to hospital for this illness?

No: ☐ Yes: ☐

If yes

Date of admission dd/mm/yy

Date of discharge: dd/mm/yy.....

Since your visit to your GP/nurse on day 1, have you **visited** any of the following about this illness?

		If Yes: How many times:	Date of your visit (if known)
GP in usual working hours	No ☐ Yes ☐		
Nurse in usual working hours	No ☐ Yes ☐		
Hospital emergency department	No ☐ Yes ☐		
Out of hours GP service	No ☐ Yes ☐		
Pharmacist without a prescription from your GP	No ☐ Yes ☐		
Walk in centre	No ☐ Yes ☐		
Specialist	No ☐ Yes ☐		
Other: Please specify:	No ☐ Yes ☐		

Since your visit to your GP/nurse on day 1, have you made any **contact with** (*but not visited*) any of the following about this illness? (please tick box and specify how many times you contacted this service).

		If Yes: How many times:
GP in usual working hours	No ☐ Yes ☐	
Nurse in usual working hours	No ☐ Yes ☐	
NHS111 (formerly NHS Direct)	No ☐ Yes ☐	
Hospital emergency department	No ☐ Yes ☐	
Out of hours GP service	No ☐ Yes ☐	
Pharmacist	No ☐ Yes ☐	
Walk in centre	No ☐ Yes ☐	
Specialist	No ☐ Yes ☐	
Other: Please specify:	No ☐ Yes ☐	

Since your visit to your GP/nurse on day 1, have you had a sinus X-Ray or CT scan?

No: ☐ Yes: ☐

Since your visit to your GP/nurse on day 1, have you used antibiotics?

No: ☐ Yes: ☐

IF Yes: Which day of the diary did you start using the antibiotics? _____

How many days did you take antibiotics for? _____

ENABLEMENT

As a result of the health care you have received for this illness how do you see your health and your ability to cope?

		strongly agree	agree	agree slightly	neutral	disagree slightly	disagree	strongly disagree
1	I am able to cope better with life	☐	☐	☐	☐	☐	☐	☐
2	I am able to understand my sinus problem better	☐	☐	☐	☐	☐	☐	☐
3	I am able to cope better with my sinus problem	☐	☐	☐	☐	☐	☐	☐
4	I am better able to keep myself healthy	☐	☐	☐	☐	☐	☐	☐
5	I am more confident	☐	☐	☐	☐	☐	☐	☐
6	I am able to help myself	☐	☐	☐	☐	☐	☐	☐

Were you asked by your GP or nurses to do nasal irrigation?

No: ☐

Yes: ☐

If No please go to the last page.

If Yes please answer the questions on the next two pages:

		strongly agree	agree	agree slightly	neutral	disagree slightly	disagree	strongly disagree
1	I had nasal stinging or burning	☐	☐	☐	☐	☐	☐	☐
2	Irrigation was uncomfortable	☐	☐	☐	☐	☐	☐	☐
3	I did not like the sensation of irrigation	☐	☐	☐	☐	☐	☐	☐

We would like to know how easy or difficult it was for you to use the SNIFS intervention. We want to find out if it was difficult in any way for you to do at home, and if so, what the difficulties were. Please tick the most appropriate response.

1. I had to skip the irrigation because it made my symptoms worse:
 - ☐ Agree strongly
 - ☐ Agree slightly
 - ☐ Not sure
 - ☐ Disagree slightly
 - ☐ Disagree Strongly

2. I was prevented from carrying out the irrigation by severe symptoms:
 - ☐ Agree strongly
 - ☐ Agree slightly
 - ☐ Not sure
 - ☐ Disagree slightly
 - ☐ Disagree Strongly

3. I could not carry out the irrigation because it caused more symptoms:
 - ☐ Agree strongly
 - ☐ Agree slightly
 - ☐ Not sure
 - ☐ Disagree slightly
 - ☐ Disagree Strongly

4. I could not carry out the irrigation properly because I was unsure how to do it properly:
- ☐ Agree strongly
☐ Agree slightly
☐ Not sure
☐ Disagree slightly
☐ Disagree Strongly
5. I was unable to carry out the irrigation because it was difficult to know what to do:
- ☐ Agree strongly
☐ Agree slightly
☐ Not sure
☐ Disagree slightly
☐ Disagree Strongly
6. I skipped the irrigation because I was not sure if it was helping:
- ☐ Agree strongly
☐ Agree slightly
☐ Not sure
☐ Disagree slightly
☐ Disagree Strongly
7. I skipped the irrigation because it did not seem relevant to my symptoms and problems:
- ☐ Agree strongly
☐ Agree slightly
☐ Not sure
☐ Disagree slightly
☐ Disagree Strongly
8. I did not carry out the irrigation because I was not convinced it was right for me:
- ☐ Agree strongly
☐ Agree slightly
☐ Not sure
☐ Disagree slightly
☐ Disagree Strongly
9. Lack of time prevented me from carrying out the irrigation:
- ☐ Agree strongly
☐ Agree slightly
☐ Not sure
☐ Disagree slightly
☐ Disagree Strongly
10. It was not possible to find suitable times to do the irrigation:
- ☐ Agree strongly
☐ Agree slightly
☐ Not sure
☐ Disagree slightly
☐ Disagree Strongly

11. I was too busy or tired to carry out the irrigation:

- ☐ Agree strongly
- ☐ Agree slightly
- ☐ Not sure
- ☐ Disagree slightly
- ☐ Disagree Strongly

12. I found it difficult to remember to carry out the irrigation:

- ☐ Agree strongly
- ☐ Agree slightly
- ☐ Not sure
- ☐ Disagree slightly
- ☐ Disagree Strongly

Please use the box below to add any other comments you may have about this research

Thank you very much for completing the symptom diary and questions.

If you have any problems or queries, please contact [name ...]

That is the end of the questions! Thanks!