WHY SCENT?

SCENT (South Carolina ENT, Allergy and Sleep Medicine) is the largest otolaryngology practice in the Midlands. It is also the only otolaryngology practice that provides leading-edge services for hearing issues, allergy testing and sleep medicine.

To best serve our patients we offer six locations; stateof-the-art, on-site diagnostics; dedicated sleep centers; and convenient hours. Our staff of board-certified physicians have privileges at more area hospitals than any other ENT practice, giving you more options for in-hospital treatment.

Along with our team of highly trained Nurse Practitioners, Physician Assistants, Audiologists, respiratory therapists, and support personnel, our physicians share a commitment to helping you become informed about issues and treatments so you can make better decisions about your health and well-being.

Appointments are available at any of our six locations.

Downtown Columbia

Northeast Columbia Irmo Lugoff Sumter Winnsboro





www.southcarolinaent.com

Answers <u>for Better Heal</u>th

Start improving your health by answering the questions to these five health screenings.



(803) 736-3277 www.southcarolinaent.com



Name: _	 	 	
Date:	 	 	

Difficulty hearing. Loud snoring. Constant sniffling. They're not just minor annoyances. They can be signs of conditions that are harmful to your health, well-being, and quality of life.

If you answer "yes" to two or more questions in any of the five sections that follow, it is recommended that you discuss with your ENT specialist.

SECTION 1: HEARING

Yes No.

- O When you are in a group setting, such as in a crowded restaurant or at family gathering, is it difficult for you to follow the conversation?
- O When watching television or listening to music, do you often need to turn up the volume?
- O Do you find it difficult to have a conversation by phone because you can't hear the other person clearly?
- When you are traveling in a car, do you have trouble understanding others who are talking?
- O When having a conversation, do you often ask the person you are talking with to repeat him or herself?
- O Do you sometimes notice a ringing or buzzing sound in your ears?
- O Has anyone ever suggested you might have a problem with your hearing?

SECTION 2: SLEEP

Yes No

- O O Has someone told you that you snore or make other noises when you are sleeping?
- O If you've been told you snore, is the snoring louder than talking or loud enough to be heard through closed doors?
- O Do you often feel tired, fatigued or sleepy during the daytime?
- O Are you often irritable or depressed, or do you often experience mood swings?
- O O Do you frequently wake up with headaches?
- O O Has anyone told you that you appeared to stop breathing while sleeping?
- O O Do you have high blood pressure?
- O O Are you overweight?

SECTION 3: ALLERGY

Yes No

- O Do you often suffer from nasal symptoms such as a runny or stuffed up nose or sneezing even if you don't have a cold?
- O Are your symptoms worse during certain times of the year or certain times of the day?
- O Do your symptoms flare up when you're in certain locations, such as outdoors or in your basement?
- O Are you exposed to mold, dust, fumes or chemicals at work?
- O Are your nasal symptoms accompanied by itchy, watery eyes?
- O Do you get a runny nose, sniffling, watery eyes or other symptoms when you are around pets or other animals?
- O O Do you take allergy or "cold' medicine frequently?
- O O Do you or anyone in your immediate household smoke?
- O O Do other members of your family have allergies?

SECTION 4: SINUS

Yes No

- O O Have you experienced four or more sinus infections in the past year?
- O O Have you had a sinus infection that has lasted 12 weeks or longer and is not responding to medication?
- O O Has a physician prescribed sinus medication for you to treat your condition(s)?
- O O Do you experience any of the following?
 - O Sinus headaches O Facial pain or pressure
 - O Nasal discharge of yellow or green mucus
 - O Congestion O Diminished sense of smell

SECTION 5: FALL RISK

Yes No

- O O Do you experience dizziness or vertigo?
- O Have you fallen in the last 12 months?