

Rhinorrhea Questionnaire

1. Do you have a runny nose?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is it related to allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is it related to sinus problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is it related to frequent colds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. If the answers for 2-4 are no, did it start before or after your Parkinson symptoms?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N.A. (if you do not have Parkinson)
6. Does your runny nose worsen with eating?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you have a decreased sense of smell?	<input type="checkbox"/> Yes <input type="checkbox"/> No