

Nose Spray technique survey

Patient details

1. Who prescribed this nose spray?

GP ENT Immunologist Pharmacist or over the counter

If other please specify: _____

2. Were you shown how to use nose spray?

Yes No If yes please specify by whom: _____

3. Describe your body / head position do you use your nose spray? (Tick appropriate)

a

b

c

d

Incorrect figure

Correct figure

Incorrect figure

Correct figure

If other please give full details:

4. In which direction in the nose you squirt your nose spray?

a. Towards middle (middle partition- septum) of nose.

b. Away from middle (septum), towards side of nose.

c. Don't think about it.

Give full details:

5. Which hand do you use to spray your nose?

- a. Same hand for both nostrils.
- b. Right hand for right nostril and left hand for left nostril.
- c. Right hand for left nostril and left hand for right nostril.
- d. Don't think about it.

If other please give details:

6. Do you sniff in while using nose spray?

Yes No

7. How often do you taste it in your mouth immediately after spraying your nose?

Always Most of the time Sometimes

Never, only taste it about 10 mins after spraying

8. How regular you use your nose spray?

Regularly Most of the times Sometimes

If other please give details:

9. Details of your nose spray:

Name of the spray: _____

Type of preparation: Nose drops Nose spray

How you use your spray: 1 spray each nostril 2 spray each nostril

How many times a day you use it? Once a day Twice a day

If other please give details: