

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: