

INSTRUCTIONS

ENS TREATMENT TESTIMONY

0 INSTRUCTIONS

HOW TO PREPARE DOCUMENTS

- The forms can be filled in electronically or printed out, filled in by hand, and then scanned.
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STEP 1: COMPLETE THE **GENERAL ENS TREATMENT TESTIMONY FORM (ENS-GTTF)**

- The **ENS-GTTF** form should be completed only once.
- After completing the form, you need to name the file to send by email to ENSIA.
- Please name the file like this: "GTTF - First name Surname_Date(dd.mm.yyyy)"

Example:

GTTF - Anna Michaels_12.12.2017

STEP 2: COMPLETE ENS TREATMENT TESTIMONY FORMs (ENS-TTFn)

- The **ENS-TTFn** form may need to be completed multiple times - for each ENS treatment you have had to date.
 - The number of attached **ENS-TTFn*** forms should correspond to the total number of treatments you have had to date [where *n - number of treatment (e.g. *treatment no.1, treatment no.2, etc.*)]

Example:

a) If you have had 3 treatments in total, you should attach 3 ENS-TTFn forms - form 1 for treatment no. 1, form 2 for treatment no. 2, and form 3 for treatment no. 3.

b) If you had only 1 treatment - you fill in only one ENS-TTFn form.

- Five (5) completed SNOT-55 questionnaires are requested for each ENS-TTFn form. [The questionnaire can be downloaded from ENSIA's website – see the link provided at the end of **section "STEP 3"**].
 - The five assess different time periods following ENS treatment. 1 week, 1 month, 3 months, 6 months, and overall.
 - So, if there are multiple ENS-TTFn forms you will complete, you could have five SNOT-55 questionnaires to accompany each ENS-TTFn form.
 - In case it is problematic to provide five SNOT-55 questionnaires for each treatment (for 1 week, 1 month, 3 months, 6 months, *overall*), you can fill in one, the *overall* assessment, SNOT-55 questionnaire and submit it with your ENS-TTFn form.

- After completing each ENS-TTFn form, you need to name each file to send by email to ENSIA.
- Please name each file like this: "TTFn* - Country, Clinic_First name Surname_Date of treatment(dd.mm.yyyy)"

Example:

TTFn1 - USA, Stanford _Anna Michaels_15.01.2017

TTFn2 - Germany, Acqua _Anna Michaels_07.10.2017

STEP 3: PREPARE ATTACHMENTS

- The **General ENS Treatment Testimony Form (ENS-GTTF)** requests that you attach your:

- **pre-surgical CT scan** (optional, recommended)

Please name the file like this: "Pre-surgical CT – First name Surname_Date of scan(dd.mm.yyyy)"

Example:

Pre-surgical CT - Anna Michaels_12.05.2015

- **post-surgical CT scan** (*optional, recommended*)

Please name the file like this: "Post-surgical CT – First name Surname_Date of scan(dd.mm.yyyy)"

Example:

If you have only one post-surgical CT:

Post-surgical CT - Anna Michaels_10.11.2016

If you have several post-surgical CT scans:

Post-surgical CT1 - Anna Michaels_10.11.2016

Post-surgical CT2 - Anna Michaels_12.01.2017

- **pre-surgical SNOT-55 questionnaire**

Please name the file like this: "Pre-surgical SNOT-55 – First name Surname

Example:

Pre-surgical SNOT-55 - Anna Michaels

- **post-surgical SNOT-55 questionnaire**

Please name the file like this: "Post-surgical SNOT-55 – First name Surname

Example:

Post-surgical SNOT-55 - Anna Michaels

Note: This is an assessment prior to ENS treatments.

- The **ENS Treatment Testimony Form (ENS-TTFn)** requests that you attach your::

- **SNOT-55 questionnaire(s)** - assessing different intervals following ENS treatment

Since each ENS-TTFn Form you complete will have up to 5 SNOT-55 forms accompanying it, you may have quite a lot of SNOT-55 questionnaires.

Please name the files like this: "TTFn* - SNOT-55 (interval) – First name Surname_Date of assessment(dd.mm.yyyy)"

Example:

Treatment no. 1 [treatment date = 15.01.2017]:

TTFn1 – SNOT-55 (1 week) _Anna Michaels_22.01.2017

TTFn1 – SNOT-55 (1 month) _Anna Michaels_15.02.2017

TTFn1 – SNOT-55 (3 months) _Anna Michaels_15.04.2017

TTFn1 – SNOT-55 (6 months) _Anna Michaels_15.07.2017

TTFn1 – SNOT-55 (overall) _Anna Michaels_06.10.2017

Treatment no. 2 [treatment date = 07.10.2017]:

TTFn2 – SNOT-55 (overall) _Anna Michaels_12.12.2017

- **other tests (e.g. CT scan, CFD study, endoscopy video/photo, etc.)** - assessing ENS treatment

Please name the files like this: "TTFn* - Name of test - First name Surname_Date of test(dd.mm.yyyy)"

Example:

Treatment no. 1:

TTFn1 – Endoscopy video _Anna Michaels_15.04.2017

Treatment no. 2:

TTFn2 – CT _Anna Michaels_08.12.2017

In summary, attach all forms, questionnaires, CT scans, and any other tests you wish that may be relevant.

(!) The **SNOT-55** questionnaire can be obtained at http://ensassociation.org/wp-content/uploads/2017/08/SNOT-55-SNOT-25-with-Additional-Modifications-for-ENS-v_09.2016.xls.

STEP 4: SUBMIT TO ENSIA

- Please submit all the files to info@ensassociation.org with the **subject:** "First name Surname - ENS Treatment Testimony_Date(dd.mm.yyyy)"

Example:

Anna Michaels - ENS Treatment Testimony_12.12.2017

- To decrease size of the e-mail and help keep documents organized, it is better to send all the files in "one package" as a **ZIP or RAR** file.
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