

NAME: \_\_\_\_\_

SINO-NASAL OUTCOME TEST (SNOT-22)

DATE: \_\_\_\_\_

Below you will find a list of symptoms and social/emotional consequences of your rhinosinusitis. We would like to know more about these problems and would appreciate your Answering the following questions to the best of your ability. There are no right or wrong and answers, and only you can provide us with this information. Thank you for your participation. Do not hesitate to ask for assistance if necessary.

**RATE YOUR SYMPTOMS IN THE PAST 2 WEEKS.**

| 1. Considering how sever the problem is when you experience it and how often it happens, please rate each item below on how "bad" it is by circling the number that corresponds with how you feel using this scale: → | no problem | Very Mild Problem | Mild or Slight Problem | Moderate Problem | Severe Problem | Problem as bad as it can be | 5 Most Important Items |
|---|------------|-------------------|------------------------|------------------|----------------|-----------------------------|------------------------|
| 1. Need to blow nose  | 0          | 1                 | 2                      | 3                | 4              | 5                           | <input type="radio"/>  |
| 2. Nasal Blockage   | 0          | 1                 | 2                      | 3                | 4              | 5                           | <input type="radio"/>  |
| 3. Sneezing   | 0          | 1                 | 2                      | 3                | 4              | 5                           | <input type="radio"/>  |
| 4. Runny Nose   | 0          | 1                 | 2                      | 3                | 4              | 5                           | <input type="radio"/>  |
| 5. Cough  | 0          | 1                 | 2                      | 3                | 4              | 5                           | <input type="radio"/>  |
| 6. Post-nasal Discharge   | 0          | 1                 | 2                      | 3                | 4              | 5                           | <input type="radio"/>  |
| 7. Thick nasal discharge  | 0          | 1                 | 2                      | 3                | 4              | 5                           | <input type="radio"/>  |
| 8. Ear fullness   | 0          | 1                 | 2                      | 3                | 4              | 5                           | <input type="radio"/>  |
| 9. Dizziness  | 0          | 1                 | 2                      | 3                | 4              | 5                           | <input type="radio"/>  |
| 10. Ear Pain  | 0          | 1                 | 2                      | 3                | 4              | 5                           | <input type="radio"/>  |
| 11. Facial pain/Pressure  | 0          | 1                 | 2                      | 3                | 4              | 5                           | <input type="radio"/>  |
| 12. Decreased Sense of Smell/Taste  | 0          | 1                 | 2                      | 3                | 4              | 5                           | <input type="radio"/>  |
| 13. Difficulty falling asleep   | 0          | 1                 | 2                      | 3                | 4              | 5                           | <input type="radio"/>  |
| 14. Wake up at night  | 0          | 1                 | 2                      | 3                | 4              | 5                           | <input type="radio"/>  |
| 15. Lack of a good night's sleep  | 0          | 1                 | 2                      | 3                | 4              | 5                           | <input type="radio"/>  |
| 16. Wake up tired   | 0          | 1                 | 2                      | 3                | 4              | 5                           | <input type="radio"/>  |
| 17. Fatigue   | 0          | 1                 | 2                      | 3                | 4              | 5                           | <input type="radio"/>  |
| 18. Reduced productivity  | 0          | 1                 | 2                      | 3                | 4              | 5                           | <input type="radio"/>  |
| 19. Reduced Concentration   | 0          | 1                 | 2                      | 3                | 4              | 5                           | <input type="radio"/>  |
| 20. Frustrated/Restless/Irritable   | 0          | 1                 | 2                      | 3                | 4              | 5                           | <input type="radio"/>  |
| 21. Sad   | 0          | 1                 | 2                      | 3                | 4              | 5                           | <input type="radio"/>  |
| 22. Embarrassed   | 0          | 1                 | 2                      | 3                | 4              | 5                           | <input type="radio"/>  |