

SINO-NASAL OUTCOMES TEST (SNOT-22)

1. Consider how severe the problem is when you experience it and how frequently it happens. Please rate each item below on how "bad" it is by circling the corresponding number. 2. Please mark the most important items affecting your health (mark 5).	No problem	Very mild problem	Mild problem	Moderate problem	Severe problem	Unbearable problem	5 most important items
Need to blow nose	0	1	2	3	4	5	
Nasal blockage	0	1	2	3	4	5	
Sneezing	0	1	2	3	4	5	
Runny Nose	0	1	2	3	4	5	
Cough	0	1	2	3	4	5	
Post-nasal drip	0	1	2	3	4	5	
Thick nasal discharge	0	1	2	3	4	5	
Ear fullness	0	1	2	3	4	5	
Dizziness	0	1	2	3	4	5	
Ear pain	0	1	2	3	4	5	
Facial pain/pressure	0	1	2	3	4	5	
Decreased sense of smell/taste	0	1	2	3	4	5	
Difficulty falling asleep	0	1	2	3	4	5	
Wake up at night	0	1	2	3	4	5	
Lack of good night's sleep	0	1	2	3	4	5	
Wake up tired	0	1	2	3	4	5	
Fatigue	0	1	2	3	4	5	
Reduced productivity	0	1	2	3	4	5	
Reduced concentration	0	1	2	3	4	5	
Frustrated/restless/irritable	0	1	2	3	4	5	
Sad	0	1	2	3	4	5	
Embarrassed	0	1	2	3	4	5	

Patient EMR: _____

Date: _____

SCORE