|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Considering 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 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** |
| 1. Need to blow nose | 0 | 1 | 2 | 3 | 4 | 5 |
| 2. Sneezing | 0 | 1 | 2 | 3 | 4 | 5 |
| 3. Runny nose | 0 | 1 | 2 | 3 | 4 | 5 |
| 4. Cough | 0 | 1 | 2 | 3 | 4 | 5 |
| 5. Post-nasal drip (mucus into back of your nose) | 0 | 1 | 2 | 3 | 4 | 5 |
| 6. Thick nasal discharge | 0 | 1 | 2 | 3 | 4 | 5 |
| 7. Ear fullness | 0 | 1 | 2 | 3 | 4 | 5 |
| 8. Dizziness | 0 | 1 | 2 | 3 | 4 | 5 |
| 9. Ear pain/pressure | 0 | 1 | 2 | 3 | 4 | 5 |
| 10. Facial pain/pressure | 0 | 1 | 2 | 3 | 4 | 5 |
| 11. Difficulty falling asleep | 0 | 1 | 2 | 3 | 4 | 5 |
| 12. Waking up at night | 0 | 1 | 2 | 3 | 4 | 5 |
| 13. Lack of a good night’s sleep | 0 | 1 | 2 | 3 | 4 | 5 |
| 14. Waking up tired | 0 | 1 | 2 | 3 | 4 | 5 |
| 15. Fatigue during the day | 0 | 1 | 2 | 3 | 4 | 5 |
| 16. Reduced productivity | 0 | 1 | 2 | 3 | 4 | 5 |
| 17. Reduced concentration | 0 | 1 | 2 | 3 | 4 | 5 |
| 18. Frustrated/restless/irritable | 0 | 1 | 2 | 3 | 4 | 5 |
| 19. Sad | 0 | 1 | 2 | 3 | 4 | 5 |
| 20. Embarrassed | 0 | 1 | 2 | 3 | 4 | 5 |
| 21. Sense of taste/smell | 0 | 1 | 2 | 3 | 4 | 5 |
| 22. Blocked/congestion of nose | 0 | 1 | 2 | 3 | 4 | 5 |

**Sino-Nasal Outcome Test-22 Questionnaire**

Below you will find a list of symptoms and social/emotional consequences of your nasal disorder. We would like to know more about these problems and would appreciate you answering the following question to the best of your ability. There are no right or wrong answers, and only you can provide us with this information. Please rate your problems, as they have been over the past two weeks. Thank you for your participation.

TOTAL \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

GRAND TOTAL: \_\_\_\_\_\_\_