Sino-Nasal Outcome Test-22 Questionnaire

Below you will find a list of symptoms relating to 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. Please rate your problems, as they have been over the past two weeks. Thank you

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**	**Tick the 5 worst symptoms**
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 discharge (dripping at the 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	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	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. Blockage/congestion of nose	0	1	2	3	4	5	❑

TOTAL: _____ _____ _____ _____ _____

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GRAND TOTAL: _____

Patient No:	Date
	Diagnosis
DOB	Aims of Treatment: