

Sino-Nasal Outcome Test (SNOT-22)

Date of completion: _____/_____/_____

M M D D Y Y Y Y

All questions must be complete.

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 you answering the following questions 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. Do not hesitate to ask for assistance if necessary.

| 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 <u>CIRCLING</u> 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 is as bad as it can be |
|---|------------|-------------------|------------------------|------------------|----------------|--------------------------------|
| 1. Need to blow nose | 0 | 1 | 2 | 3 | 4 | 5 |
| 2. Nasal obstruction (blockage) | 0 | 1 | 2 | 3 | 4 | 5 |
| 3. Sneezing | 0 | 1 | 2 | 3 | 4 | 5 |
| 4. Runny nose | 0 | 1 | 2 | 3 | 4 | 5 |
| 5. Cough | 0 | 1 | 2 | 3 | 4 | 5 |
| 6. Post-nasal discharge | 0 | 1 | 2 | 3 | 4 | 5 |
| 7. Thick nasal discharge | 0 | 1 | 2 | 3 | 4 | 5 |
| 8. Ear fullness | 0 | 1 | 2 | 3 | 4 | 5 |
| 9. Dizziness | 0 | 1 | 2 | 3 | 4 | 5 |
| 10. Ear pain | 0 | 1 | 2 | 3 | 4 | 5 |
| 11. Facial pain/pressure | 0 | 1 | 2 | 3 | 4 | 5 |

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| | No problem | Very mild problem | Mild or slight problem | Moderate problem | Severe problem | Problem is as bad as it can be |
|---------------------------------------|------------|-------------------|------------------------|------------------|----------------|--------------------------------|
| 12. Decreased sense of smell or taste | 0 | 1 | 2 | 3 | 4 | 5 |
| 13. Difficulty falling asleep | 0 | 1 | 2 | 3 | 4 | 5 |
| 14. Wake up at night | 0 | 1 | 2 | 3 | 4 | 5 |
| 15. Lack of a good night's sleep | 0 | 1 | 2 | 3 | 4 | 5 |
| 16. Wake up tired | 0 | 1 | 2 | 3 | 4 | 5 |
| 17. Fatigue | 0 | 1 | 2 | 3 | 4 | 5 |
| 18. Reduced productivity | 0 | 1 | 2 | 3 | 4 | 5 |
| 19. Reduced concentration | 0 | 1 | 2 | 3 | 4 | 5 |
| 20. Frustrated/restless/irritable | 0 | 1 | 2 | 3 | 4 | 5 |
| 21. Sad | 0 | 1 | 2 | 3 | 4 | 5 |
| 22. Embarrassed | 0 | 1 | 2 | 3 | 4 | 5 |

Signature and Printed Name of Person Completing the Questionnaire