



SINO-NASAL OUTCOME TEST (SNOT-20)

NAME: _____

DATE: _____

Below you will find a list of symptoms and social/emotional consequences of your sinusitis used to determine treatment options (including Balloon Sinuplasty) and track outcomes. 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 answers. Please rate your problems as they have been over the past two weeks. *After completing the survey, please print this page and bring it to your appointment for Dr. Rao to review with you.*

1. 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:

- 0 No problem
- 1 Very mild problem
- 2 Mild or slight problem
- 3 Moderate problem
- 4 Severe problem
- 5 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 discharge	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. Wake up at night	0	1	2	3	4	5
13. Lack of a good night's sleep	0	1	2	3	4	5
14. Wake 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

2. Please mark to the right the most important items affecting your health (maximum of 5 items).

Thank you for your participation.