

Name:

Date:

SINO-NASAL OUTCOME TEST (SNOT-20)

The following questionnaire is intended to help define your symptoms and provide valuable information and insights for your doctor. Answer the questions, rating to the best of your ability problems you have experienced over the past **two weeks**.

<i>Consider your symptoms, and indicate how "bad" it is by circle the corresponding number.</i>	No Problem	Very Mild Problem	Mild or Slight Problem	Moderate Problem	Severe Problem	Problem as Bad as it can be	Most Important 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	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	
Totals:							

SCORE	EVALUATION	RECOMMENDED NEXT STEP
0 TO 10	No problem to mild problem	No action necessary or symptoms can be treated with OTC medication.
11 TO 40	Moderate problem	An appointment with a specialist or your PCP is recommended and/or prescription medicine can be taken to treat symptoms
41 TO 69	Moderate to Severe	An appointment with a specialist or your PCP is recommended and/or prescription medicine can be taken to treat symptoms
70 TO 100	Severe to "as bad as it can be"	An appointment with a specialist is highly recommended, treatment to be determined by doctor. Possible surgical candidate.

*The SNOT score evaluation is to be used as a guide and not a physician's diagnosis. Treatment to be determined by doctor upon appointment.