Memorial Village SINUS&HEARING

Nasal Obstruction Symptom Evaluation (NOSE) Score

Patient Name : _____

Date : _____

Please help us better understand the impact of nasal obstruction on your quality of life by completing the survey below.

Over the past **4 weeks**, how much of a **problem** were the following symptoms for you?

	Please mark the most correct response				
	Not a Problem	*Mild Problem*	*Moderate Problem*	*Significant Problem*	*Severe Problem*
Nasal Congestion or Stuffiness	0	1	2	3	4
Nasal Blockage or Obstruction	0	1	2	3	4
Trouble Breathing Through My Nose	0	1	2	3	4
Trouble Sleeping	0	1	2	3	4
Unable to Get Enough Air Through My Nose During Exercise or Exertion	0	1	2	3	4

Significant and Severe Obstruction may indicate a narrow nasal airway. Ask your doctor about a non-surgical procedure that may provide you lasting relief for your stuffy nose.

Office Administration

Sum the answers the patient marked and multiply by 5 to base scale out of a possible score of 100 for analysis.

Symptoms Total _____

Multiply total by 5 and enter below.

Patient's N.O.S.E.Score _____

0	**No Obstruction**
5-25	**Mild Obstruction**
26-50	**Moderate Obstruction**
51-75	**Significant Obstruction**
76-100	**Severe Obstruction**