Memorial Village SINUS&HEARING

Total Nasal Symptom Score (TNSS)

Patient Name _____ Date _____

Please help us better understand the impact of chronic rhinitis 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

	No Symptoms	**Mild** Symptoms present but easily tolerated	**Moderate** Symptoms present and bothersome, but tolerable	**Severe** Symptoms present and interfere with activities of daily living and/or sleep
Nasal Congestion	0	1	2	3
Runny Nose	0	1	2	3
Nasal Itching	0	1	2	3
Sneezing	0	1	2	3

Office Administration

Sum the answers the patient marked.

Patient's TNSS Total _____