Memorial Village SINUS&HEARING

Sino-Nasal Outcome Test (SNOT-22)

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

	No problem	Very mild problem	Mild problem	Moderate problem	Severe problem	Unbearable problem	5 most important items
(Please circle)							
Need to blow nose	0	1	2	3	4	5	
Nasal Blockage	0	1	2	3	4	5	
Sneezing	0	1	2	3	4	5	
Runny nose	0	1	2	3	4	5	
Cough	0	1	2	3	4	5	
Post-nasal discharge	0	1	2	3	4	5	
Thick nasal discharge	0	1	2	3	4	5	
Ear fullness	0	1	2	3	4	5	
Dizziness	0	1	2	3	4	5	
Ear pain	0	1	2	3	4	5	
Facial pain / pressure	0	1	2	3	4	5	
Decreased sense of smell / taste	0	1	2	3	4	5	
Difficulty falling asleep	0	1	2	3	4	5	
Wake up at night	0	1	2	3	4	5	
Lack of a good night's sleep	0	1	2	3	4	5	
Wake up tired	0	1	2	3	4	5	
Fatigue	0	1	2	3	4	5	
Reduced productivity	0	1	2	3	4	5	
Reduced concentration	0	1	2	3	4	5	
Frustrated / restless / irritable	0	1	2	3	4	5	
Sad	0	1	2	3	4	5	
Embarrased	0	1	2	3	4	5	

SNOT-22 Developed from modification of SNOT-20 by National Comparative Audit for Surgery for Nasal Polyposis and Rhinosinusitis, Royal College of Surgeons of England

Patient Name: _____

Date: _____

SCORE: ☐