

Sino-Nasal Outcome Test (SNOT-20)

Sinus Survey

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

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 checking the box that corresponds with how you feel.

	No problem	Very mild problem	Mild or slight problem	Moderate problem	Severe problem	Problem as bad as it can be
	0	1	2	3	4	5
Need to blow nose						
Sneezing						
Runny nose						
Cough						
Post-nasal discharge						
Thick nasal discharge						
Ear fullness						
Dizziness						
Ear pain						
Facial pain / pressure						

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	No problem	Very mild problem	Mild or slight problem	Moderate problem	Severe problem	Problem as bad as it can be
	0	1	2	3	4	5
Difficulty falling asleep						
Waking up at night						
Lack of sleep						
Waking up tired						
Fatigue						
Reduced productivity						
Reduced concentration						
Frustrated / restless / irritable						
Sad						
Embarrassed						