



Sino-Nasal Outcome Test (SNOT-22)

Patient Name: _____

Phone Number: (_____) _____ - _____

Date: _____

Below you will find a list of symptoms and social/emotional consequences of your rhinosinusitis. We would like to know more about these problems and would appreciate your answering the following questions to the best of your ability. There are no right or wrong answers, and only you can provide us with this information. Please rate your problems as they have been over the past two weeks. Thank you for your participation. Do not hesitate to ask for assistance if necessary.

| 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 you feel. | No Problem | Very Mild Problem | Mild or Slight Problem | Moderate Problem | Severe Problem | Problem As Bad As It Can Be | Most Important 5 Items |
|--|------------|-------------------|------------------------|------------------|----------------|-----------------------------|------------------------|
| 1. Need to blow nose | 0 | 1 | 2 | 3 | 4 | 5 | |
| 2. Nasal Blockage | 0 | 1 | 2 | 3 | 4 | 5 | |
| 3. Sneezing | 0 | 1 | 2 | 3 | 4 | 5 | |
| 4. Runny nose | 0 | 1 | 2 | 3 | 4 | 5 | |
| 5. Cough | 0 | 1 | 2 | 3 | 4 | 5 | |
| 6. Post-nasal discharge | 0 | 1 | 2 | 3 | 4 | 5 | |
| 7. Thick nasal discharge | 0 | 1 | 2 | 3 | 4 | 5 | |
| 8. Ear fullness | 0 | 1 | 2 | 3 | 4 | 5 | |
| 9. Dizziness | 0 | 1 | 2 | 3 | 4 | 5 | |
| 10. Ear pain | 0 | 1 | 2 | 3 | 4 | 5 | |
| 11. Facial pain/pressure | 0 | 1 | 2 | 3 | 4 | 5 | |
| 12. Decreased Sense of Smell/Taste | 0 | 1 | 2 | 3 | 4 | 5 | |
| 13. Difficulty falling asleep | 0 | 1 | 2 | 3 | 4 | 5 | |
| 14. Wake up at night | 0 | 1 | 2 | 3 | 4 | 5 | |
| 15. Lack of a good night's sleep | 0 | 1 | 2 | 3 | 4 | 5 | |
| 16. Wake up tired | 0 | 1 | 2 | 3 | 4 | 5 | |
| 17. Fatigue | 0 | 1 | 2 | 3 | 4 | 5 | |
| 18. Reduced productivity | 0 | 1 | 2 | 3 | 4 | 5 | |
| 19. Reduced concentration | 0 | 1 | 2 | 3 | 4 | 5 | |
| 20. Frustrated/restless/irritable | 0 | 1 | 2 | 3 | 4 | 5 | |
| 21. Sad | 0 | 1 | 2 | 3 | 4 | 5 | |
| 22. Embarrassed | 0 | 1 | 2 | 3 | 4 | 5 | |
| TOTAL SNOT 22 SCORE | 0 | | | | | | |

Please mark the most important items affecting your health maximum of 5 items _____ ↑

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