

Name:

DOB:

Date:

Website: my-ent.com.au

Email: contact@my-ent.com.au

Tel: 02 9247 1762

Fax 02 9247 2141

Dr Catherine Banks: MBChB, FRACS (ORLHNS)

Adult and Paediatric ENT Surgeon

Dual Fellowship Trained in Rhinology and Anterior Skull Base Surgery

Harvard Medical School/MEEI/UAB

Location

Suite 3, Level 303

BMA house

135 Macquarie Street

Sydney CBD NSW 2000

Sino Nasal Outcome test (SNOT 22)

We would like to know more about your Chronic Rhinosinusitis, and appreciate your answering of the following questions to the best of your ability. There are no right or wrong answers, and only you know the answer to these questions. Please rate the problems as they have been over the past 2 weeks. Thank you for your participation.

How severe is your problem when you experience it? Please rate how bad it is by circling the number that corresponds with how you feel using this scale.	No problem	Very Mild Problem	Mild or slight problem	Moderate problem	Severe problem	Problem as bad as it can be		5 most important items
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		
Running 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		
Decreased sense of smell/taste	0	1	2	3	4	5		
Facial Pressure/Pain	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		
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		
Embarrassed	0	1	2	3	4	5		
TOTAL								

Total Nasal Symptom Score for symptoms of Allergy related Disease.

	None	Mild	Moderate	Severe
Sneezing	0	1	2	3
Congestion	0	1	2	3
Itching	0	1	2	3
Rhinorrhoea (Runny Nose)	0	1	2	3

Where ...

0= No symptoms

1 = Symptoms present but easily tolerated

2= Aware of Symptoms, bothersome, but tolerable

3= Hard to tolerate and interferes with daily activity

Over the **past month**, how much of a problem were the following conditions for you?

	Not a problem	Very Mild problem	Moderate Problem	Fairly Bad 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	0	1	2	3	4

Nasal obstruction severity classification
(80-100)

Mild (5-25)

Moderate (30-50)

Severe (55-75)

Extreme

NOSE score (multiply your total score x5)