



Sino-Nasal Outcome Test

Name: _____ Date: _____ Account Number: _____

This questionnaire provides valuable information we can use to help tailor a treatment plan specific to your sinus complaints. Please answer each question to the best of your ability. Please mark the most appropriate response based on your symptoms over the past **two weeks**.

| Based on how frequently symptoms are experienced and severity of symptoms. | No problem | Very mild problem | Mild problem | Moderate problem | Severe problem | Problem as bad as it can be |
|--|------------|-------------------|--------------|------------------|----------------|-----------------------------|
| 1. Need to blow nose | 0 | 1 | 2 | 3 | 4 | 5 |
| 2. Sneezing | 0 | 1 | 2 | 3 | 4 | 5 |
| 3. Runny nose | 0 | 1 | 2 | 3 | 4 | 5 |
| 4. Cough | 0 | 1 | 2 | 3 | 4 | 5 |
| 5. Post-nasal discharge | 0 | 1 | 2 | 3 | 4 | 5 |
| 6. Thick nasal discharge | 0 | 1 | 2 | 3 | 4 | 5 |
| 7. Ear fullness | 0 | 1 | 2 | 3 | 4 | 5 |
| 8. Dizziness | 0 | 1 | 2 | 3 | 4 | 5 |
| 9. Ear pain | 0 | 1 | 2 | 3 | 4 | 5 |
| 10. Facial pain/pressure | 0 | 1 | 2 | 3 | 4 | 5 |
| 11. Difficulty falling asleep | 0 | 1 | 2 | 3 | 4 | 5 |
| 12. Waking up at night | 0 | 1 | 2 | 3 | 4 | 5 |
| 13. Lack of a good night's sleep | 0 | 1 | 2 | 3 | 4 | 5 |
| 14. Waking up tired | 0 | 1 | 2 | 3 | 4 | 5 |
| 15. Fatigue | 0 | 1 | 2 | 3 | 4 | 5 |
| 16. Reduced productivity | 0 | 1 | 2 | 3 | 4 | 5 |
| 17. Reduced concentration | 0 | 1 | 2 | 3 | 4 | 5 |
| 18. Frustrated/restless/irritable | 0 | 1 | 2 | 3 | 4 | 5 |
| 19. Sad | 0 | 1 | 2 | 3 | 4 | 5 |
| 20. Embarrassed | 0 | 1 | 2 | 3 | 4 | 5 |
| 21. Sense of smell/taste | 0 | 1 | 2 | 3 | 4 | 5 |
| 22. Blockage/congestion of nose | 0 | 1 | 2 | 3 | 4 | 5 |

Total Score _____