

SINO-NASAL OUTCOME TEST (SNOT-20)

PATIENT NAME: _____ DOB: ____ / ____ / ____

Below you will find a list of symptoms and social/emotional consequences of your rhinosinusitis. Considering 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. Please mark the “top 5” most important items currently affecting your health. **Please rate your problems from the past two weeks.**

	No problem	Very mild problem	Mild problem	Moderate problem	Severe problem	Problem is as bad as it can be	Most Important? “Top 5”
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. Wake 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	