FAIRFAX ENT &
FACIAL PLASTIC SURGERY

Sino-Nasal Outcome Test (SNOT-20)

Patient Name: ______________________________ Date: ______________

1. 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.

2. Please mark the most important items affecting your health (maximum of 5 items).

	No problem	Very mild problem	Mild or slight problem	Moderate problem	Severe problem	Problem as bad as it can be	5 most important items
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. Wake up at night	0	1	2	3	4	5	
13. Lack of 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	
21. Sense of taste/smell	0	1	2	3	4	5	
22. Blockage/congestion of nose	0	1	2	3	4	5	

Score	Evaluation
0 to 39	No problem to Mild
40 to 59	Mild to Moderate
60 to 79	Moderate to Severe
80 to 100	Severe

TOTAL SCORE:

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