

Sino-Nasal Outcome Test (SNOT-22)

Please circle the number that best describes your symptoms over the past two (2) weeks.

	No problem	Very mild problem	Mild or slight problem	Moderate problem	Severe problem	Worst the problem can be
Need to blow nose	0	1	2	3	4	5
Sneezing	0	1	2	3	4	5
Runny nose	0	1	2	3	4	5
Cough	0	1	2	3	4	5
Post-nasal drainage	0	1	2	3	4	5
Thick nasal discharge	0	1	2	3	4	5
Ear fullness	0	1	2	3	4	5
Dizziness	0	1	2	3	4	5
Ear pain/pressure	0	1	2	3	4	5
Difficulty falling asleep	0	1	2	3	4	5
Waking up at night	0	1	2	3	4	5
Lack of a good night's sleep	0	1	2	3	4	5
Waking up tired	0	1	2	3	4	5
Fatigue during the day	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
Loss of smell/taste	0	1	2	3	4	5
Congestion/obstruction of nose	0	1	2	3	4	5

Patient name: _____

Patient signature: _____

Date reviewed: _____