

**Ear Nose & Throat Specialists, Inc.**  
**Otolaryngology-Head and Neck Surgery**

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**Patient's Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### Sino-Nasal Outcome Test

Below you will find a list of symptoms and social/emotional consequences of your rhinosinusitis. We would like to know more about these problems and would appreciate your answering the following questions to the best of your ability. There are no right or wrong answers, and only you can provide us with this information. Please rate your problems as they have been over the past **two weeks**. Thank you for your participation. Do not hesitate to ask our medical assistant or other office staff member for assistance if necessary.

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 using this scale:

0=No problems, 1=Mild or slight problems, 2=Moderate problems, 3=Severe problems

1. Need to blow nose	0	1	2	3	O
2. Sneezing	0	1	2	3	O
3. Runny nose	0	1	2	3	O
4. Cough	0	1	2	3	O
5. Post-nasal discharge	0	1	2	3	O
6. Thick nasal discharge	0	1	2	3	O
7. Ear fullness	0	1	2	3	O
8. Dizziness	0	1	2	3	O
9. Ear pain	0	1	2	3	O
10. Facial pain/pressure	0	1	2	3	O
11. Difficulty falling asleep	0	1	2	3	O
12. Wake up at night	0	1	2	3	O
13. Lack of a good night's sleep	0	1	2	3	O
14. Wake up tired	0	1	2	3	O
15. Fatigue	0	1	2	3	O
16. Reduced productivity	0	1	2	3	O
17. Reduced concentration	0	1	2	3	O
18. Frustrated/restless/irritable	0	1	2	3	O
19. Sad	0	1	2	3	O
20. Embarrassed	0	1	2	3	O

In the column to the far right, please mark the most important items affecting your health (maximum of 5 items).

From JF Piccirillo, et. al., 1996