



Sino-Nasal Outcome Test (SNOT-20)

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 checking the box that represents how you feel.
2. After rating each of the problems below, please select the **most important problems** affecting your health (no more than 5).

First name

Last name

Date

Please rate your product/service satisfaction level:

	No Problem	Very Mild Problem	Mild or Slight Problem	Moderate Problem	Severe Problem	As Bad as it Can Be	5 Most Important Problems
Need to Blow Nose							
Sneezing							
Runny Nose							
Cough							
Post-nasal discharge							
Thick nasal discharge							
Ear fullness							
Dizziness							
Ear Pain							
Facial Pain/ Pressure							
Difficulty Falling Asleep							
Wake up at Night							
Lack of Sleep							
Wake up Tired							
Fatigue							
Reduced Productivity							
Reduced Concentration							
Frustrated/Restless/Irritable							
Sad							
Embarrassed							