



I.D.: _____

SINO-NASAL OUTCOME TEST (SNOT-20)

Date: _____

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 you have experienced them over the past two weeks. Thank you for your participation. Do not hesitate to ask for assistance if necessary.

1. 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: →

		5 Most Important Items									
		Problem As Bad As It Can Be					5				
		Severe Problem		4			5		5		
		Moderate Problem			3			4		5	
		Mild Or Slight Problem			2			4		5	
Very Mild Problem		1			1			4		5	
No Problem		0			0			4		5	
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2. Please mark the most important items affecting your health (maximum of five items)

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