RiverENT
Adult & Pediatric Ear, Nose & Throat Specialists

# SNOT 22 Sino-nasal Outcome Test (22 Questions)

Name: ______________________ DOB: ______________ Date: ______________

| Considering how severe the problem is when you experience it and how often it happens, please rate each item below on how "bad" it is by circling the number that corresponds with how you feel. | No Problem | Very mild problem | Mild or slight problem | Moderate problem | Severe problem | Problem as bad as it can be | Most important 5 items |
|---|---|---|---|---|---|---|---|
| Need to blow my nose. | 0 | 1 | 2 | 3 | 4 | 5 | ☐ |
| Nasal blockage | 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 drip | 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 | 0 | 1 | 2 | 3 | 4 | 5 | ☐ |
| Facial pain/pressure | 0 | 1 | 2 | 3 | 4 | 5 | ☐ |
| Decreased sense of smell/taste | 0 | 1 | 2 | 3 | 4 | 5 | ☐ |
| Difficulty falling asleep | 0 | 1 | 2 | 3 | 4 | 5 | ☐ |
| Wake up at night | 0 | 1 | 2 | 3 | 4 | 5 | ☐ |
| Lack of a good night's sleep | 0 | 1 | 2 | 3 | 4 | 5 | ☐ |
| Wake up tired | 0 | 1 | 2 | 3 | 4 | 5 | ☐ |
| Fatigue | 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 | ☐ |
| **Total Score** | | | | | | | |