

N.O.S.E. Score Test

Patient Name: _____

Date: _____

Email: _____

Please help us better understand the impact of nasal obstruction on your quality of life by completing the survey below.

Over the past **4 weeks**, how much of a **problem** were the following symptoms for you?

Please mark the most correct response

	<i>Not a Problem</i>	<i>Very Mild Problem</i>	<i>Moderate Problem</i>	<i>Fairly Bad Problem</i>	<i>Severe Problem</i>
Nasal Congestion or Stuffiness	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input checked="" type="radio"/> 3	<input type="radio"/> 4
Nasal Blockage or Obstruction	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input checked="" type="radio"/> 3	<input type="radio"/> 4
Trouble Breathing Through My Nose	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input checked="" type="radio"/> 3	<input type="radio"/> 4
Trouble Sleeping	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input checked="" type="radio"/> 3	<input type="radio"/> 4
Unable to Get Enough Air Through My Nose During Exercise or Exertion	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input checked="" type="radio"/> 3	<input type="radio"/> 4

What Does My N.O.S.E. Score Mean?

Significant and Severe Obstruction may indicate a narrow nasal valve.

Office Administration:

Sum the answers the patient marked and multiply by 5 to base scale out of a possible score of 100 for analysis.

Symptoms Total	_____
Multiply total by 5 and enter below.	
Patient's N.O.S.E. Score	_____

0	No Obstruction
5-25	Mild Obstruction
26-50	Moderate Obstruction
51-75	Significant Obstruction
76-100	Severe Obstruction