

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	0	1	2	3	4
Nasal Blockage or Obstruction	0	1	2	3	4
Trouble Breathing Through My Nose	0	1	2	3	4
Trouble Sleeping	0	1	2	3	4
Unable to Get Enough Air Through My Nose During Exercise or Exertion	0	1	2	3	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