

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 |