

Want to know if Balloon Sinuplasty IS RIGHT FOR YOU?



The following questionnaire is intended to help define your symptoms and provide valuable information and insights for your doctor. Answer the questions, rating to the best of your ability the problems you have experienced over the past two weeks.

Patient Name: _____

Sino-Nasal Outcome Test (SNOT-22) Patient Phone: _____ Date: _____

| 1. Consider 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 using this scale. | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------|------------------------|------------------|----------------|-----------------------------|------------------------|
| 2. Please mark the most important items affecting your health (maximum of 5 items), right column. | No problem | Very mild problem | Mild or slight problem | Moderate problem | Severe problem | Problem as bad as it can be | 5 most important items |
| 1. Need to blow nose | 0 | 1 | 2 | 3 | 4 | 5 | <input type="radio"/> |
| 2. Nasal Blockage | 0 | 1 | 2 | 3 | 4 | 5 | <input type="radio"/> |
| 3. Sneezing | 0 | 1 | 2 | 3 | 4 | 5 | <input type="radio"/> |
| 4. Runny nose | 0 | 1 | 2 | 3 | 4 | 5 | <input type="radio"/> |
| 5. Cough | 0 | 1 | 2 | 3 | 4 | 5 | <input type="radio"/> |
| 6. Post-nasal discharge | 0 | 1 | 2 | 3 | 4 | 5 | <input type="radio"/> |
| 7. Thick nasal discharge | 0 | 1 | 2 | 3 | 4 | 5 | <input type="radio"/> |
| 8. Ear fullness | 0 | 1 | 2 | 3 | 4 | 5 | <input type="radio"/> |
| 9. Dizziness | 0 | 1 | 2 | 3 | 4 | 5 | <input type="radio"/> |
| 10. Ear pain | 0 | 1 | 2 | 3 | 4 | 5 | <input type="radio"/> |
| 11. Facial pain/pressure | 0 | 1 | 2 | 3 | 4 | 5 | <input type="radio"/> |
| 12. Decreased sense of smell/taste | 0 | 1 | 2 | 3 | 4 | 5 | <input type="radio"/> |
| 13. Difficulty falling asleep | 0 | 1 | 2 | 3 | 4 | 5 | <input type="radio"/> |
| 14. Wake up at night | 0 | 1 | 2 | 3 | 4 | 5 | <input type="radio"/> |
| 15. Lack of a good night's sleep | 0 | 1 | 2 | 3 | 4 | 5 | <input type="radio"/> |
| 16. Wake up tired | 0 | 1 | 2 | 3 | 4 | 5 | <input type="radio"/> |
| 17. Fatigue | 0 | 1 | 2 | 3 | 4 | 5 | <input type="radio"/> |
| 18. Reduced productivity | 0 | 1 | 2 | 3 | 4 | 5 | <input type="radio"/> |
| 19. Reduced concentration | 0 | 1 | 2 | 3 | 4 | 5 | <input type="radio"/> |
| 20. Frustrated/restless/irritable | 0 | 1 | 2 | 3 | 4 | 5 | <input type="radio"/> |
| 21. Sad | 0 | 1 | 2 | 3 | 4 | 5 | <input type="radio"/> |
| 22. Embarrassed | 0 | 1 | 2 | 3 | 4 | 5 | <input type="radio"/> |