DESERT EAR NOSE & THROAT
Medical & Surgical Care of the Senses

Stuart Barton, M.D., F.A.C.S.
Quinten M. Vanderwerf, M.D., F.A.C.S.
Christopher Walz, M.D., F.A.C.S.
Mark D. Wilson, M.D., F.A.A.O.A.
Kari Moeller, FNP

Patient Name: _____

DOB: _____ Today's Date: _____

Sinu-nasal Outcome Test

(SNOT-22)

Below you will find a list of symptoms and social/emotional consequences for your rhinosinusitis. We would like to know more about these problems and would appreciate you answering the following questions to the best of your ability. There are no right or wrong answers as only you can provide us with this information. Please rate your problem as they have been over the past two weeks. Thank you for your participation. Do not hesitate to ask for assistance if necessary.

1 Considering how severe the problem is when you experienced 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	**No problem**	**Very mild Problem**	**Mild or slight problem**	**Moderate Problem**	**Severe Problem**	**Problem as bad as it can be**		**Most Important items**
Need to blow 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 discharge	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		□

DESERT EAR NOSE & THROAT
Medical & Surgical Care of the Senses

Stuart Barton, M.D., F.A.C.S.
Quinten M. Vanderwerf, M.D., F.A.C.S.
Christopher Walz, M.D., F.A.C.S.
Mark D. Wilson, M.D., F.A.A.O.A.
Kari Moeller, FNP

Lack of good night 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		□
Eyes watering	0	1	2	3	4	5		□

2. Please mark the most important items affecting your health (maximum of 5 items) ----------

39000 Bob Hope Drive • Wright Professional Building • Suite 301 • Rancho Mirage, CA 92270
Phone 760-340-4566 • FAX 760-340-2481 • www.desertent.org