

SINO-NASAL OUTCOME TEST (SNOT-22)

Please rate your problems as they have been over the past 2 weeks to 3 months

Considering 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 the scale below.

No Problem	Very Mild	Mild or slight	Moderate	Severe	Problem as bad as it can be	5 Most important items affecting your health I
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1. Need to Blow Nose

2. Nasal Blockage

3. Sneezing

4. Runny Nose

5. Cough

6. Post-Nasal
Discharge

7. Thick Nasal
Discharge

8. Ear Fullness

9. Dizziness

10. Ear Pain

11. Facial
Pain/Pressure

12. Decreased Sense
of Smell/Taste

13. Difficulty Falling
Asleep

14. Wake up at night

15. Lack of a Good
Nights Sleep

16. Wake up Tired

17. Fatigue

18. Reduced

Productivity

19. Reduced

Concentration

20. Frustrated/Restless

Irritable

21. Sad

22. Embarrassed

Name: *

First Name

Middle Name

Last Name

E-mail:

example@example.com

Sex: *

Choose 1

Height (Feet/Inches) *

Weight (pounds) *

Contact Number: *

Area Code

Phone Number

Primary Care Physician: *

Present Symptoms:

Referring Physician: *

Have you ever had allergy or testing shots?

Yes

No

If yes, were you able to tolerate the tests and shots?

Yes

No

If no, please explain: *

Any known allergy to medication(s)?

Yes

No

If yes, what medication(s) *

Any known allergy to foods?

Yes

No

If yes, what foods? *

Any known allergies to smoke?

Yes

No

Any known allergies to animals?

Yes

No

If yes, what animals are you allergic to? *

Allergy Symptoms

Check ALL that apply to you

Symptoms of Pollen Allergy (usually important in warm weather)

Aggravated outdoors

Aggravated on windy days

Itching of the eyes

Aggravated outdoors 7:00am to 11:00am

Improved indoors

Improved in air conditioning

Aggravated when going from an air conditioned room to the open air

Symptoms of Dust Allergy (more important in cold weather)

Aggravated indoors

Improved outdoors

Increased within 30 minutes after going to bed

Reoccur or increase each year with the return of cold weather

Nasal symptoms with little or no itching of the eyes

Increased when dusting or sweeping

Symptoms of Mold Allergy

Aggravated outdoors 4:30pm to 8:30pm
Increased by cool evening air (early evening)
Aggravated while mowing or playing on grass
Aggravated from med August to November
Definitely increased around the end of October
Aggravated with North wind September to December

Symptoms from Specific Contacts

Aggravated in the house after lights have been on for about an hour
Aggravated in a certain room
Aggravated in the basement
Aggravated in barns
React in home with cats
React in home with dogs
Aggravated in your house, but not in others

Please rate your symptoms 1-5 (# 1 is least degree of symptoms and # 5 is high degree of symptom)

1 2 3 4 5

Eyes (itchy, watery or swelling)

Ears (itchy, draining or congested)

Nose (runny or congested)

Headaches (allergy related)

Post Nasal Drip

Cough (allergy related)

Sneezing