

Nasal Obstruction Symptom Evaluation (NOSE) Assessment

PATIENT'S NAME: _____ TODAY'S DATE: _____

To better understand the impact of nasal obstruction on your quality of life, please complete the following survey.

Over the past ONE month, how much of a problem were the following conditions for you?

Please **circle** the most correct response for each category.

	Not a Problem	Very Mild Problem	Moderate Problem	Fairly Bad Problem	Severe Problem
1. Nasal congestion or stuffiness	0	1	2	3	4
2. Nasal blockage or obstruction	0	1	2	3	4
3. Trouble breathing through my nose	0	1	2	3	4
4. Trouble sleeping	0	1	2	3	4
5. Unable to get enough air through my nose during exercise or exertion	0	1	2	3	4
Total Score					
TOTAL x5 =					

Stewart MG, Smith TL, Weaver EM et al. Outcomes after nasal septoplasty: results from the Nasal Obstruction Septoplasty Effectiveness (NOSE) study. Otolaryngol Head Neck Surg; 2004; 130(3):283-90.

NASAL OBSTRUCTION SEVERITY CLASSIFICATION: Mild (5-25) | Moderate (30-50) | Severe (55-75) | Extreme (80-100)

Lipan MJ1, Most SP. Development of a severity classification system for subjective nasal obstruction. JAMA Facial Plast Surg. 2013 15(5):358-61.

The NOSE Assessment is intended for screening and is NOT a medical diagnosis or a substitute for professional medical advice. Please consult your physician or qualified health provider regarding your condition. Individual symptoms, as situations and circumstances may vary.