

# Will Balloon Sinuplasty Work For You?

Take this questionnaire for valuable insights and information.

Call us at **601-649-9706** to schedule your consultation with ENT Surgical Clinic today!



of South Central Mississippi, P.A.

## Sino-Nasal Outcome Test (SNOT-20)

| 1. Consider how severe the problem is when you experience it and how frequently it happens, please rate each item below on how "bad" it is by circling the number that corresponds with how you feel. |            |                   |                        |                  |                |                             |  |                        |
|---|------------|-------------------|------------------------|------------------|----------------|-----------------------------|--|------------------------|
| 2. Please mark the most important items affecting your health (maximum of 5 items).   | 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. Sneezing   | 0          | 1                 | 2                      | 3                | 4              | 5                           |  | <input type="radio"/>  |
| 3. Runny nose   | 0          | 1                 | 2                      | 3                | 4              | 5                           |  | <input type="radio"/>  |
| 4. Cough  | 0          | 1                 | 2                      | 3                | 4              | 5                           |  | <input type="radio"/>  |
| 5. Post-nasal discharge   | 0          | 1                 | 2                      | 3                | 4              | 5                           |  | <input type="radio"/>  |
| 6. Thick nasal discharge  | 0          | 1                 | 2                      | 3                | 4              | 5                           |  | <input type="radio"/>  |
| 7. Ear fullness   | 0          | 1                 | 2                      | 3                | 4              | 5                           |  | <input type="radio"/>  |
| 8. Dizziness  | 0          | 1                 | 2                      | 3                | 4              | 5                           |  | <input type="radio"/>  |
| 9. Ear pain   | 0          | 1                 | 2                      | 3                | 4              | 5                           |  | <input type="radio"/>  |
| 10. Facial pain / pressure  | 0          | 1                 | 2                      | 3                | 4              | 5                           |  | <input type="radio"/>  |
| 11. Difficulty falling asleep   | 0          | 1                 | 2                      | 3                | 4              | 5                           |  | <input type="radio"/>  |
| 12. Wake up at night  | 0          | 1                 | 2                      | 3                | 4              | 5                           |  | <input type="radio"/>  |
| 13. Lack of sleep   | 0          | 1                 | 2                      | 3                | 4              | 5                           |  | <input type="radio"/>  |
| 14. Wake up tired   | 0          | 1                 | 2                      | 3                | 4              | 5                           |  | <input type="radio"/>  |
| 15. Fatigue   | 0          | 1                 | 2                      | 3                | 4              | 5                           |  | <input type="radio"/>  |
| 16. Reduced productivity  | 0          | 1                 | 2                      | 3                | 4              | 5                           |  | <input type="radio"/>  |
| 17. Reduced concentration   | 0          | 1                 | 2                      | 3                | 4              | 5                           |  | <input type="radio"/>  |
| 18. Frustrated / restless / irritable   | 0          | 1                 | 2                      | 3                | 4              | 5                           |  | <input type="radio"/>  |
| 19. Sad   | 0          | 1                 | 2                      | 3                | 4              | 5                           |  | <input type="radio"/>  |
| 20. Embarrassed   | 0          | 1                 | 2                      | 3                | 4              | 5                           |  | <input type="radio"/>  |