

## Nasal Obstruction and Septoplasty Effectiveness Scale

Doctor Name: \_\_\_\_\_

Patient No: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_\_\_

Tel No: \_\_\_\_\_

**To the Patient:** Please complete the following questionnaire to help us understand how nasal obstruction affects your quality of life. Thank you for your cooperation!

During the past 1 month or longer, how much of a problem have the following conditions caused you? Please mark the most accurate response.

No.	Condition	No Problem (0)	Very Mild Problem (1)	Moderate Problem (2)	Fairly Bad Problem (3)	Severe Problem (4)
1	Nasal congestion or stuffiness	0	1	2	3	4
2	Nasal blockage or obstruction	0	1	2	3	4
3	Trouble breathing through your nose	0	1	2	3	4
4	Trouble sleeping	0	1	2	3	4
5	Unable to get enough air through your nose during exercise or exertion	0	1	2	3	4

*Nasal Obstruction Symptom Evaluation Scale (NOSE).*

© AAO-HNS Foundation, 2002