

Nasal Obstruction and Septoplasty Effectiveness (NOSE) - Scale

How to complete this Questionnaire:

<ul style="list-style-type: none"> • These are statements that many people have used to describe their Nasal symptoms and the effect on their lives • In the last one month, how much of a problem were the following conditions for you? • Circle the rating number that reflects the severity of the problem for you, for each statement. 	<p>0-4 Rating Scale</p> <p>0 = <u>NOT</u> a problem 1 = Very mild problem 2 = Moderate problem 3 = Fairly bad problem 4 = Severe problem</p>
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Situation	Degree of Problem
Nasal congestion or stuffiness.	0 1 2 3 4
Nasal blockage or obstruction	0 1 2 3 4
Trouble breathing through my nose.	0 1 2 3 4
Trouble Sleeping.	0 1 2 3 4
Unable to get enough air through my nose during exercise or exertion.	0 1 2 3 4
TOTAL 4 x 5 = 20 (max) – then multiply by 5 for final score	