



CPG: IMPROVING NASAL FORM AND FUNCTION AFTER RHINOPLASTY

NASAL OBSTRUCTION AND SEPTOPLASTY EFFECTIVENESS SCALE

Name: _____ Date: _____

Please help us to better understand the impact of nasal obstruction on your quality of life by completing 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.

	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

SOURCE: Stewart MG, Witsell DL, Smith TL, Weaver EM, Yueh B, Hannley MT. Development and validation of the Nasal Obstruction Symptom Evaluation (NOSE) scale. *Otolaryngol Head Neck Surg* 2004; 130:157-63.



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NOSE SCALE ADMINISTRATION

1. Have patient complete the questionnaire as indicated by circling the response closest to describing their current symptoms.
2. Sum the answers the patient circles and multiply by 20 to base the scale out of a possible score of 100 for analysis.