Nasal Obstruction Symptom Evaluation (NOSE) Score

Please help us better understand the impact of **nasal obstruction** on your quality of life by completing the below. Over the past **4 weeks**, how much of a problem were the following symptoms for you?

Please mark the most correct response	*Not a Problem*	*Mild Problem*	*Moderate Problem*	*Fairly Bad Problem*	*Severe 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 sum of answers multiplied by 5: _____

5-25	Mild
30-50	Moderate
55-75	Severe
80-100	Extreme

Total Nasal Symptom Score (TNSS)

Please help us better understand the impact of **chronic rhinitis** on your quality of life by completing the below. Over the past **4 weeks**, how much of a problem were the following symptoms for you?

Please mark the most correct response	No Symptoms	Mild *Symptoms present but easily tolerated*	Moderate *Symptoms present and bothersome, but tolerable*	Severe *Symptoms present and interfere with activities of daily living and/or sleep*
Nasal Congestion	0	1	2	3
Runny Nose	0	1	2	3
Nasal Itching	0	1	2	3
Sneezing	0	1	2	3

Total sum of answers: _____

1-4	Mild
5-8	Moderate
9-12	Severe

Do you experience constant post-nasal drip? Y N

Do you have a chronic cough? Y N

Are you interested in a non-invasive treatment that may enable you to have lasting relief from your symptoms? Y N

Physician or Staff to complete this portion

Lateral Wall – Modified Cottle Test ◯ **Positive** ◯ **Negative**

Physician _____ Date _____

Aerin MEDICAL