

Nasal Obstruction and Septoplasty Effectiveness Scale

To the Patient: Please help us to better understand the impact of nasal obstruction on your quality of life by completing following survey. Thank you!

NAME (optional): _____ **Date:** _____ (mm/dd/yy)

Over the past **ONE** month, how much of a problem were the following conditions for you?

Please **circle** the most correct response

	<i>Not a Problem</i>	<i>Very Mild Problem</i>	<i>Moderate problem</i>	<i>Fairly Bad Problem</i>	<i>Severe problem</i>
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