



# Nasal Obstruction and Septoplasty Effectiveness Scale



Physician AAO-HNS#: \_\_\_\_\_ Patient ID: \_\_\_\_\_ Today's date: \_\_\_/\_\_\_/\_\_\_

→ **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!

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

Please **circle** the most correct response

	<i><u>Not a Problem</u></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