



# Nasal Obstruction Symptom Evaluation (NOSE) Score

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_

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?

<b>Please mark the most correct response</b>	<i>Not a Problem</i> <b>0</b>	<i>Mild Problem</i> <b>1</b>	<i>Moderate Problem</i> <b>2</b>	<i>Fairly Bad Problem</i> <b>3</b>	<i>Severe Problem</i> <b>4</b>
Nasal Congestion or Stuffiness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nasal Blockage or Obstruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble Breathing Through My Nose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble Sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unable to Get Enough Air Through My Nose During Exercise or Exertion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Does the Cottle Maneuver help you breathe better?**

*Follow the steps pictured here.*

**YES**      **NO**

**Do you use nasal strips during activity or sleep?**

**YES**      **NO**



**Step 1:** Place two fingertips on your cheeks, on each side of your nose.



**Step 2:** Gently press and pull outward. Breathe through your nose.

Severe and Extreme Obstruction may indicate a narrow nasal valve. Ask your doctor about a non-invasive treatment that may provide you lasting relief for your nasal obstruction.

## Office Administration

Sum the answers the patient marked and multiply by 5 to base scale out of a possible score of 100 for analysis.

**Symptoms Total** \_\_\_\_\_  
*Multiply total by 5 and enter below.*

**Patient's N.O.S.E. Score** \_\_\_\_\_

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