



Total Nasal Symptom Score

Name: _____ Date: _____ Account Number: _____

This questionnaire provides valuable information that will assist us in understanding and treating your symptoms. Please answer each question to the best of your ability.

Please rate how your **nasal congestion** has been over the past: 12 hours Last Two weeks

None	0	0
Mild (symptom clearly present but easily tolerated)	1	1
Moderate (symptom bothersome but tolerable)	2	2
Severe (symptom difficult to tolerate—interferes with activities)	3	3

Please rate how your **runny nose** has been over the past: 12 hours Last Two weeks

None	0	0
Mild (symptom clearly present but easily tolerated)	1	1
Moderate (symptom bothersome but tolerable)	2	2
Severe (symptom difficult to tolerate—interferes with activities)	3	3

Please rate how your **nasal itching** has been over the past: 12 hours Last Two weeks

None	0	0
Mild (symptom clearly present but easily tolerated)	1	1
Moderate (symptom bothersome but tolerable)	2	2
Severe (symptom difficult to tolerate—interferes with activities)	3	3

Please rate how your **sneezing** has been over the past: 12 hours Last Two weeks

None	0	0
Mild (symptom clearly present but easily tolerated)	1	1
Moderate (symptom bothersome but tolerable)	2	2
Severe (symptom difficult to tolerate—interferes with activities)	3	3

Please rate how **difficult sleep** has been with nasal symptoms: 12 hours Last Two weeks

None	0	0
Mild (symptom clearly present but easily tolerated)	1	1
Moderate (symptom bothersome but tolerable)	2	2
Severe (symptom difficult to tolerate—interferes with activities)	3	3

Total Score _____