

Adult & Pediatric Otolaryngology
 Head & Neck Surgery
 Facial Plastic Surgery
 Endoscopic Sinus Surgery
 Neurotology
 Skull Base Surgery
 Reconstructive Surgery
 LASER Surgery
 Nasal Allergy
 Clinical Audiology
 Hearing Aid Dispensing
 Voice Care



The Ear, Nose, Throat & Plastic Surgery Associates

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Henry N. Ho, M.D., F.A.C.S.
 Jeffrey J. Lehman, M.D., F.A.C.S.
 Izak H. Kiehmovitch, M.D., F.A.C.S., F.A.A.P.
 Jeffrey E. Baylor, M.D., F.A.C.S.
 Kiran Tipirneni, M.D., F.A.C.S.
 Brian C. Spector, M.D., F.A.C.S.
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 Barry S. Kang, M.D., F.A.C.S.
 Halla F. Shami, M.D., F.A.C.S.
 Christopher R. Savage, M.D.
 Leela S. Lavasani, M.D.
 Jeffrey S. Fichera, M.S., PA-C
 Jessica E. Curley, M.S., PA-C

Sino-Nasal Outcome Test (SNOT-20)

Patient Name: _____ **Phone:** _____ **Date:** _____

Consider how severe the problem is when you experience it and how frequently it happens. Please rate each item below on how "bad" it is by circling the number that corresponds with how you feel. Please mark the most important items affecting your health (maximum of 5 items).	No Problem	Very Mild Problem	Mild or slight Problem	Moderate Problem	Severe Problem	Problem As Bad As It Can Be	5 Most Important Items
1. Need to blow nose	0	1	2	3	4	5	0
2. Sneezing	0	1	2	3	4	5	0
3. Runny nose	0	1	2	3	4	5	0
4. Cough	0	1	2	3	4	5	0
5. Post-nasal discharge	0	1	2	3	4	5	0
6. Thick nasal discharge	0	1	2	3	4	5	0
7. Ear fullness	0	1	2	3	4	5	0
8. Dizziness	0	1	2	3	4	5	0
9. Ear pain	0	1	2	3	4	5	0
10. Facial pain/pressure	0	1	2	3	4	5	0
11. Difficulty falling asleep	0	1	2	3	4	5	0
12. Wake up at night	0	1	2	3	4	5	0
13. Lack of sleep	0	1	2	3	4	5	0
14. Wake up tired	0	1	2	3	4	5	0
15. Fatigue	0	1	2	3	4	5	0
16. Reduced productivity	0	1	2	3	4	5	0
17. Reduced concentration	0	1	2	3	4	5	0
18. Frustrated/restless/irritable	0	1	2	3	4	5	0
19. Sad	0	1	2	3	4	5	0
20. Embarrassed	0	1	2	3	4	5	0

Total Score: _____

Physician's Name: _____ **Referring Physician:** _____

Procedure Performed: (circle one) In-Office FNOP PSCC WPH Other: _____

11/9/12

Staff Please Circle One: *Pre-Op Appt.* *Post-Op Appt.*

133 Benmore Drive, Suite 100
 Winter Park, FL 32792-4111
 TEL: 407-644-4883
 FAX: 407-644-3697

107 The Hermits Trail
 Altamonte Springs, FL 32701-3619
 TEL: 407-834-9120
 FAX: 407-834-3432

44 W. Michigan Street
 Orlando, FL 32806-4453
 TEL: 407-422-4921
 FAX: 407-839-1746

400 Celebration Place, Suite A120
 Celebration, FL 34747-4970
 TEL: 407-422-4921
 FAX: 407-839-1746