

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?

Please mark the most correct response	Not a Problem	Mild Problem	Moderate Problem	Fairly Bad Problem	Severe Problem
Nasal Congestion or Stuffiness	0	1	2	3	4
Nasal Blockage or Obstruction	0	1	2	3	4
Trouble Breathing Through My Nose	0	1	2	3	4
Trouble Sleeping	0	1	2	3	4
Unable to Get Enough Air Through My Nose During Exercise or Exertion	0	1	2	3	4

Does the Cottle Maneuver help you breathe better?

Follow the steps pictured here.

Y N

Do you use nasal strips during activity or sleep?

Y N



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