



TOTAL NASAL SYMPTOM SCORE

Date: _____

This information will assist us in understanding and treating your symptoms.
PLEASE ANSWER ALL QUESTIONS TO THE BEST OF YOUR ABILITY.

1. Please rate how your nasal congestion has been over the past: 12 hours Last 2 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

2. Please rate how your runny nose has been over the past: 12 hours Last 2 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

3. Please rate how your nasal itching has been over the past: 12 hours Last 2 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

4. Please rate how you're sneezing has been over the past: 12 hours Last 2 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

5. Please rate how difficult sleep has been with nasal symptoms: Last night Last 2 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

Name _____ **TOTAL SCORE:** _____ / _____