Eyelid Surgery Orbit & Lacrimal Surgery Facial Plastic & Reconstructive Surgery



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SCHNOS Questionnaire

	Patient:				Date:		
	Over the past month, how much of a proble	m was the fo	ollowing	g:			
		No problem					Extreme problem
1.	Having a blocked or obstructed nose	0	1	2	3	4	5
2.	Getting air through my nose during exercise	0	1	2	3	4	5
3.	Having a congested nose	0	1	2	3	4	5
4.	Breathing through my nose during sleep	0	1	2	3	4	5
				S	CHNOS-O	Total:	/20
5.	Decreased mood and self-esteem due to my nose	0	1	2	3	4	5
6.	The shape of my nasal tip	0	1	2	3	4	5
7.	The straightness of my nose	0	1	2	3	4	5
8.	The shape of my nose from the side	0	1	2	3	4	5
9.	How well my nose suits my face	0	1	2	3	4	5
10	. The overall symmetry of my nose	0	1	2	3	4	5
SCHNOS-C Total:					Total:	/30	