

SCHNOS Questionnaire

Patient: _____

Date: _____

Over the past **month**, how much of a problem was the following:

	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
SCHNOS-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:						/30