Dr Peter Friedland
Adult & Paediatric Ear, Nose and Throat

Peter Friedland
MBBCh MMed FCS FRACS
Professor of Otolaryngology
(University of Western Australia and Notre Dame University)

Nasal Obstruction Symptom Evaluation (NOSE) Instrument

Name: ______________________________ Date: ______________

Please help us to better understand the impact of nasal obstruction on your quality of life by completing the questionnaire below.

Over the last month, how much of a problem were the following conditions for you? Please select the most correct response.

		Not a problem (0)	Very mild (1)	Moderate (2)	Fairly Bad (3)	Severe (4)
1	Nasal Congestion or Stuffiness	☐	☐	☐	☐	☐
2	Nasal Blockage or Obstruction	☐	☐	☐	☐	☐
3	Trouble Breathing Through My Nose	☐	☐	☐	☐	☐
4	Trouble Sleeping	☐	☐	☐	☐	☐
5	Unable to get enough air through my nose during exercise or exertion	☐	☐	☐	☐	☐

SUBTOTAL ______________

FRACS Fellow of the Royal Australasian College of Surgeons
Unit 8/189 Lakeside Drive, Joondalup WA 6027 | **p** 08 9300 9800 | **e** office@joondalupent.com
www.drpeterfriedland.com.au
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