



## SN-5 pediatric sinonasal symptom survey

**PARENT INSTRUCTIONS:** Please help us understand the impact of sinus and/or nasal problems on your child's quality of life by checking one box  for each question below. Thank you.

**SINUS INFECTION:** Nasal discharge, bad breath, daytime cough, post-nasal drip, headache, facial pain or head banging. How often a problem for your child during the past 4 weeks?

- None of the time     
  Hardly any time at all     
  Some of the time     
  Most of the time  
 A small part of the time     
  A good part of the time     
  All of the time

**NASAL OBSTRUCTION:** Stuffy or blocked nose, nasal congestion, reduced sense of smell, trouble breathing with mouth closed. How often a problem for your child during the past 4 weeks?

- None of the time     
  Hardly any time at all     
  Some of the time     
  Most of the time  
 A small part of the time     
  A good part of the time     
  All of the time

**ALLERGY SYMPTOMS:** Sneezing, itchy nose/eyes, need to rub nose/eyes, or watery eyes. How often a problem for your child during the past 4 weeks?

- None of the time     
  Hardly any time at all     
  Some of the time     
  Most of the time  
 A small part of the time     
  A good part of the time     
  All of the time

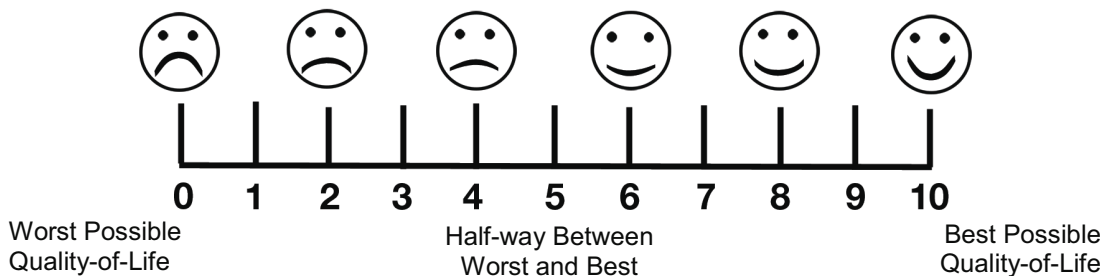
**EMOTIONAL DISTRESS:** Irritable, frustrated, sad, restless, or trouble sleeping. How often a problem for your child during the past 4 weeks because of nose or sinus illness?

- None of the time     
  Hardly any time at all     
  Some of the time     
  Most of the time  
 A small part of the time     
  A good part of the time     
  All of the time

**ACTIVITY LIMITATIONS:** Missed school/daycare, lost time with family/friends, unable to do projects. How often a problem for your child during the past 4 weeks because of nose or sinus illness?

- None of the time     
  Hardly any time at all     
  Some of the time     
  Most of the time  
 A small part of the time     
  A good part of the time     
  All of the time

**OVERALL,** How would you rate your child's quality of life as a result of nose or sinus problems? (Circle one number)



**PHYSICIAN only:**

**Baseline** (pre-medication)     
  **Follow-up week [ ]** (post-medication)     
  **Baseline** (pre-surgical)     
  **Follow-up week [ ]** (post-surgical)     
 Score each of the 5 questions 1-7

**Patient ID #**

[ ] **SN-5 Score** (total sum / by 5)