

Total Nasal Symptom Score (TNSS)

Patient Name _____ Date _____

Email _____

Please help us better understand the impact of chronic rhinitis on your quality of life by completing the survey below.

Over the past **4 weeks**, how much of a **problem** were the following symptoms for you?

Please mark the most correct response

	No Symptoms	Mild <i>Symptoms present but easily tolerated</i>	Moderate <i>Symptoms present and bothersome, but tolerable</i>	Severe <i>Symptoms present and interfere with activities of daily living and/or sleep</i>
Nasal Congestion	0	1	2	3
Runny Nose	0	1	2	3
Nasal Itching	0	1	2	3
Sneezing	0	1	2	3

Ask your doctor about a non-surgical procedure that may provide you lasting relief for your runny nose.

Office Administration

Sum the answers the patient marked.

Patient's TNSS Total _____