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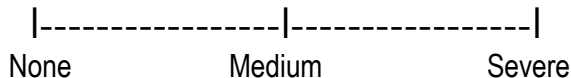
## Modified NOSE scale & VAS

Patient name: \_\_\_\_\_ Age \_\_\_\_\_  Male  Female

Over the past 1 month, how much of a problem were the following conditions for you?

	Not a problem	very mild problem	moderate problem	fairly bad problem	severe problem
1. Nasal stuffiness or obstruction	0	1	2	3	4
2. Trouble breathing through my nose	0	1	2	3	4
3. Trouble sleeping	0	1	2	3	4
4. Unable to get enough air through my nose during exercise or exertion	0	1	2	3	4

Please mark on this line how troublesome is your difficulty breathing through you nose:



\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date