



Participant ID:

Participant Initials:

Site:

Visit Number:

CRF Date:

RC ID:

SINO-NASAL QUESTIONNAIRE (SNQ)

Display Name- 3 Months: Sino-Nasal Questionnaire

Over the last 3 months, how often, on average, did you have the following symptoms:

1. Runny nasal drip

- Never
- 1-4 times per month
- 2-6 times per week
- Daily

2. Post nasal drip

- Never
- 1-4 times per month
- 2-6 times per week
- Daily

3. Need to blow your nose

- Never
- 1-4 times per month
- 2-6 times per week
- Daily

4. Facial pain/pressure

- Never
- 1-4 times per month
- 2-6 times per week
- Daily

5. Nasal obstruction

- Never
- 1-4 times per month
- 2-6 times per week
- Daily

Thank You for Completing this Questionnaire!

For Research Coordinator use only: CRF was: Self-administered Interviewer-administered

Score: Score by averaging the responses from the 5 questions. Never=0, 1-4 times per month=1, 2-6 times per week=2, Daily=3.