

### NAIROS DOASS Case Report Form

Date: 

D	D	M	M	Y	Y
---	---	---	---	---	---

Screening Number: 

SCN					
-----	--	--	--	--	--

Participant initials: 

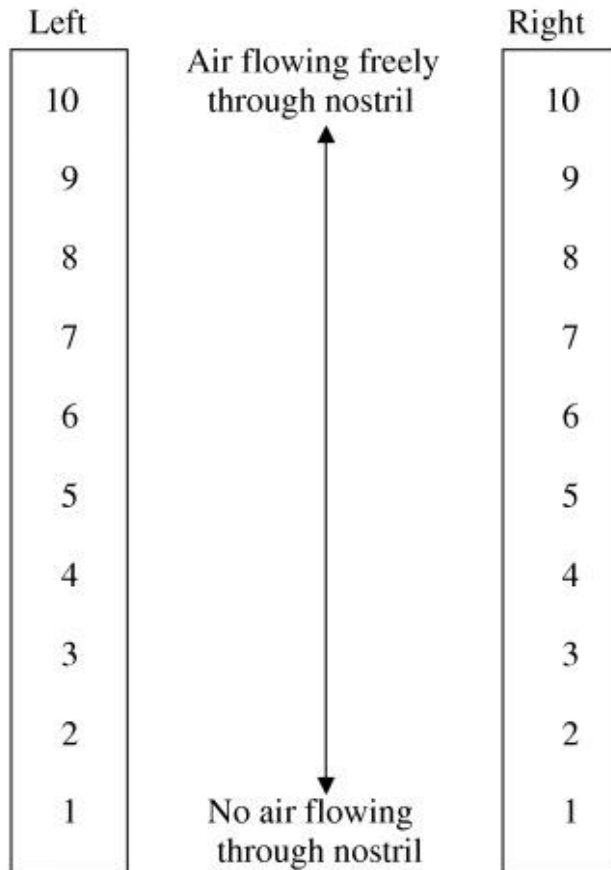
--	--	--

Visit (circle): 

Baseline	6 months	12 months
----------	----------	-----------

**Ask the patient to gently seal one nostril with a finger before scoring.**

Take several breaths through the uncovered nostril and circle the number that best represents how the air is flowing through the nose at present. Repeat for the other nostril.



Was DOASS completed POST-decongestant? YES  NO

Comments

Researcher initials: 

--	--	--