If this tool is to be used as a method to aid stratifying patients for treatment. Although the most remembered when assessing patients and we suggest caution when considering treatment for chronic rhinosinusitis in patients with a score of less than 7, the median 'normal' score. Conversely, not all patients with a score of greater than 7 require intervention, and this must be assessed pre-treatment patient. A median SNOT 22 score of 7 may be an indication of the prevalence of undiagnosed rhinosinusitis within the population. However it may also indicate the presence of other medical conditions or indeed may just show the range within a “well” population. The validity of this study hinges England. The study population was well balanced for sex – the slight excess of women probably reflects the demographics of the hospital. A mean age of 40 and an age range of 66 years also indicate adequate diversity within the study group. Ethnicity details were not collected for this study. By selecting people in employment, and members of a tennis club, they are likely to have better health related quality of life than the population as a whole, as we have excluded members of the public unable to work because of ill health, or too unfit to play sport. Although we received 97 forms were received from hospital staff, 92 being eligible for diagnosis made. These may therefore potentially skew the results.

We acknowledge that a larger study needs to be performed to validate the results we have obtained. The addition of objective measures of the presence of rhinosinusitis or nasal polyposis, by nasendoscopy or CT evaluation, may also be useful to ensure that symptomatic patients are not included.

SNOT 22 score is taken as median rather than the mean value because of the skewed nature of the data. Using the new normal SNOT22 score we retrospectively examined the pre-operative results of the SNOT 22 on 3128 patients undergoing surgery for nasal polyposis or chronic rhinosinusitis. From the introduction, we found the median SNOT 22 score in a cohort thought to be free of sinonasal disease to be 7. This should be considered when identifying the “normal” SNOT 22 score is vital if this tool is to be used as a method to aid stratifying patients for treatment. Although the most remembered when assessing patients and we suggest caution when considering treatment for chronic rhinosinusitis in patients with a score of less than 7, the median ‘normal’ score. Conversely, not all patients with a score of greater than 7 require intervention, and this must be assessed pre-treatment patient. A median SNOT 22 score of 7 may be an indication of the prevalence of undiagnosed rhinosinusitis within the population. However it may also indicate the presence of other medical conditions or indeed may just show the range within a “well” population. The validity of this study hinges England. The study population was well balanced for sex – the slight excess of women probably reflects the demographics of the hospital. A mean age of 40 and an age range of 66 years also indicate adequate diversity within the study group. Ethnicity details were not collected for this study. By selecting people in employment, and members of a tennis club, they are likely to have better health related quality of life than the population as a whole, as we have excluded members of the public unable to work because of ill health, or too unfit to play sport. Although we received 97 forms were received from hospital staff, 92 being eligible for diagnosis made. These may therefore potentially skew the results.

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