**Objectives:** To assess the relationship between the Sino-Nasal Outcome Test (SNOT-22) and Nasal Obstruction Symptom Evaluation (NOSE) scale in order to provide greater understanding of the quality-of-life domains assessed by the SNOT-22 instrument.

**Methods:** Patients on the waiting list for septoplasty with or without inferior turbinate surgery. Pre-operative SNOT-22, NOSE, peak nasal inspiratory flow (PNIF) were evaluated.

**Key findings:**
- The routine use of both the NOSE and SNOT-22 is supported by this study.
- The total SNOT-22 score correlated highly with the NOSE score although the rhinology specific domains of the SNOT-22 did not.
- Other variables (sleep, psychological dysfunction) may also serve as key drivers for patients to seek treatment.

**Results:** Sixty patients (male = 34), with the mean age of 39.3 years were included in this study. The mean NOSE score was 84.0 (Standard deviation, SD 14.2) and SNOT-22 was 52.5 (SD 23.3). The mean PNIF was 85.3 L/min (SD 35). There was strong correlation ($r = 0.72$) between the total SNOT-22 and NOSE scores ($p<0.05$). Both sleep dysfunction and psychological issues domains of the SNOT-22 had strong, statistically significant correlation ($r = 0.77$ and 0.75 respectively) with the NOSE score. Although the rhinologic symptoms domain correlated significantly with the NOSE score, this relationship was moderate ($r = 0.48$). However, the correlation between the extranasal rhinologic domain and the NOSE score was weak ($r = 0.32$, $p<0.05$). There was a weak and non-significant correlation ($r = -0.27$) between SNOT-22 score and PNIF.

Scatter plots with regression line to illustrate the correlations between the total NOSE score and: (a) SNOT-22 ($r = 0.72$, $p<0.001$), (b) rhinologic domain ($r=0.49$, $p<0.001$), (c) extranasal rhinologic domain ($r = 0.32$, $p<0.05$), (d) ear-face symptoms ($r=0.49$, $p<0.001$), (e) psychological dysfunction domain (0.75, $p<0.05$) and (f) sleep dysfunction domain ($r=0.77$, $p<0.05$).