### Results

### Survey 433945

Number of records in this query:	971
Total records in survey:	971
Percentage of total:	100.00%

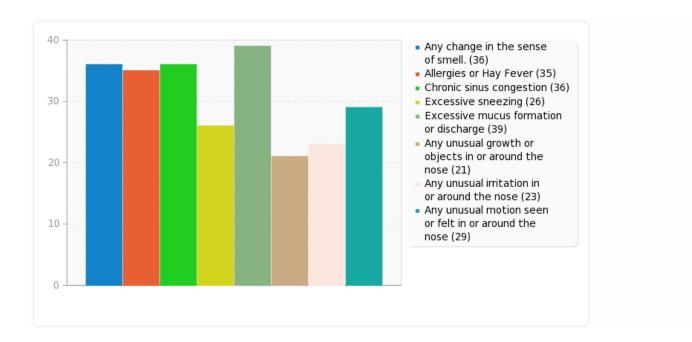
## Field summary for NoseRanking [1]

Do you have any of the following symptoms? Only move the symptoms that you are experiencing. Items can be reordered or moved around as needed.[Ranking 1]

Answer	Count	Percentage
Any change in the sense of smell. (1)	36	14.69%
Allergies or Hay Fever (2)	35	14.29%
Chronic sinus congestion (3)	36	14.69%
Excessive sneezing (4)	26	10.61%
Excessive mucus formation or discharge (5)	39	15.92%
Any unusual growth or objects in or around the nose (6)	21	8.57%
Any unusual irritation in or around the nose (7)	23	9.39%
Any unusual motion seen or felt in or around the nose (8)	29	11.84%

## Field summary for NoseRanking [1]

Do you have any of the following symptoms? Only move the symptoms that you are experiencing. Items can be reordered or moved around as needed.[Ranking 1]



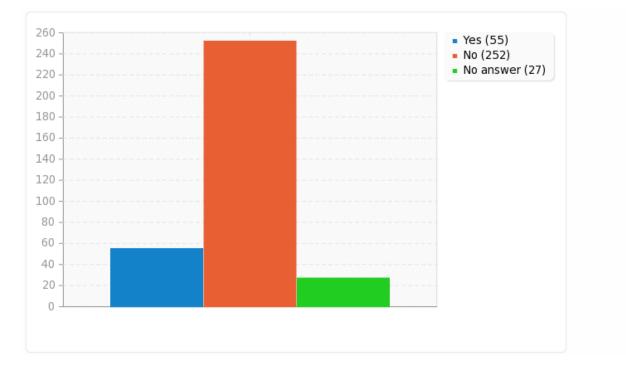
# Field summary for NoseConditions

#### Do you have any known, identified, or diagnosed conditions involving the nose or sinuses?

Answer	Count	Percentage
Yes (Y)	55	16.47%
No (N)	252	75.45%
No answer	27	8.08%

### Field summary for NoseConditions

#### Do you have any known, identified, or diagnosed conditions involving the nose or sinuses?



# Field summary for NoseTreatment

### Have you ever been treated by anyone for any of the listed symptoms?

Answer	Count	Percentage
Yes (Y)	59	17.66%
No (N)	248	74.25%
No answer	27	8.08%

# Field summary for NoseTreatment

Have you ever been treated by anyone for any of the listed symptoms?

