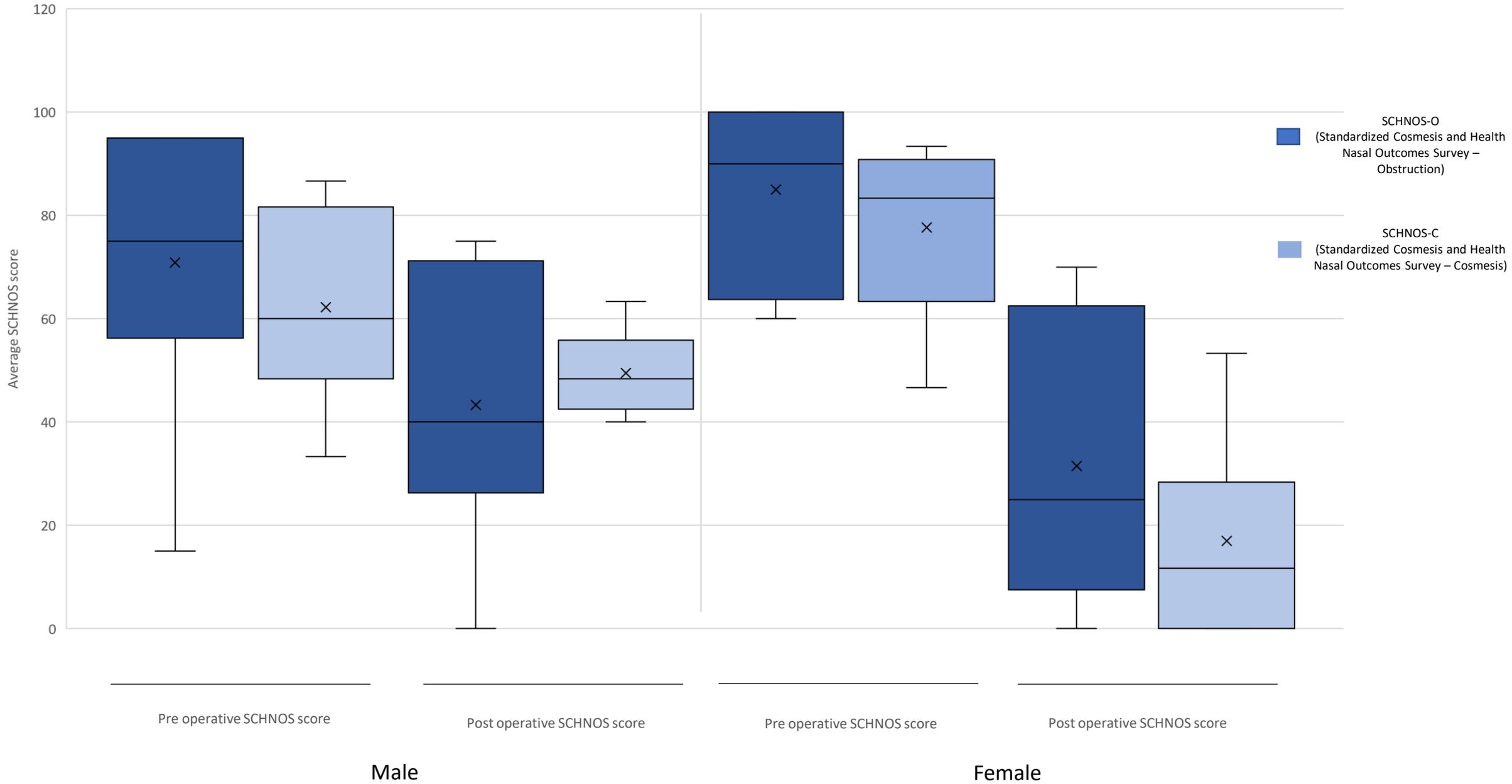
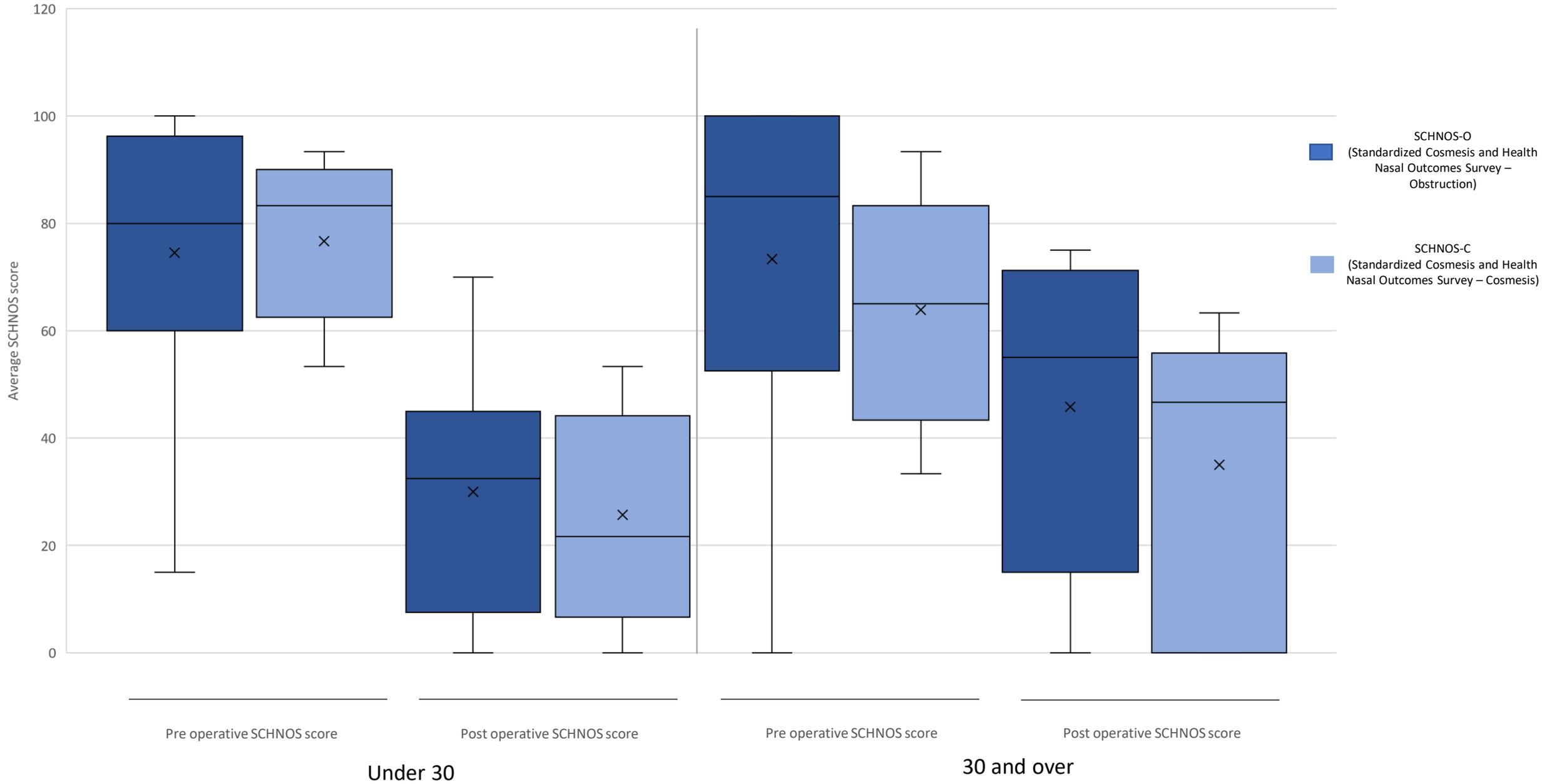


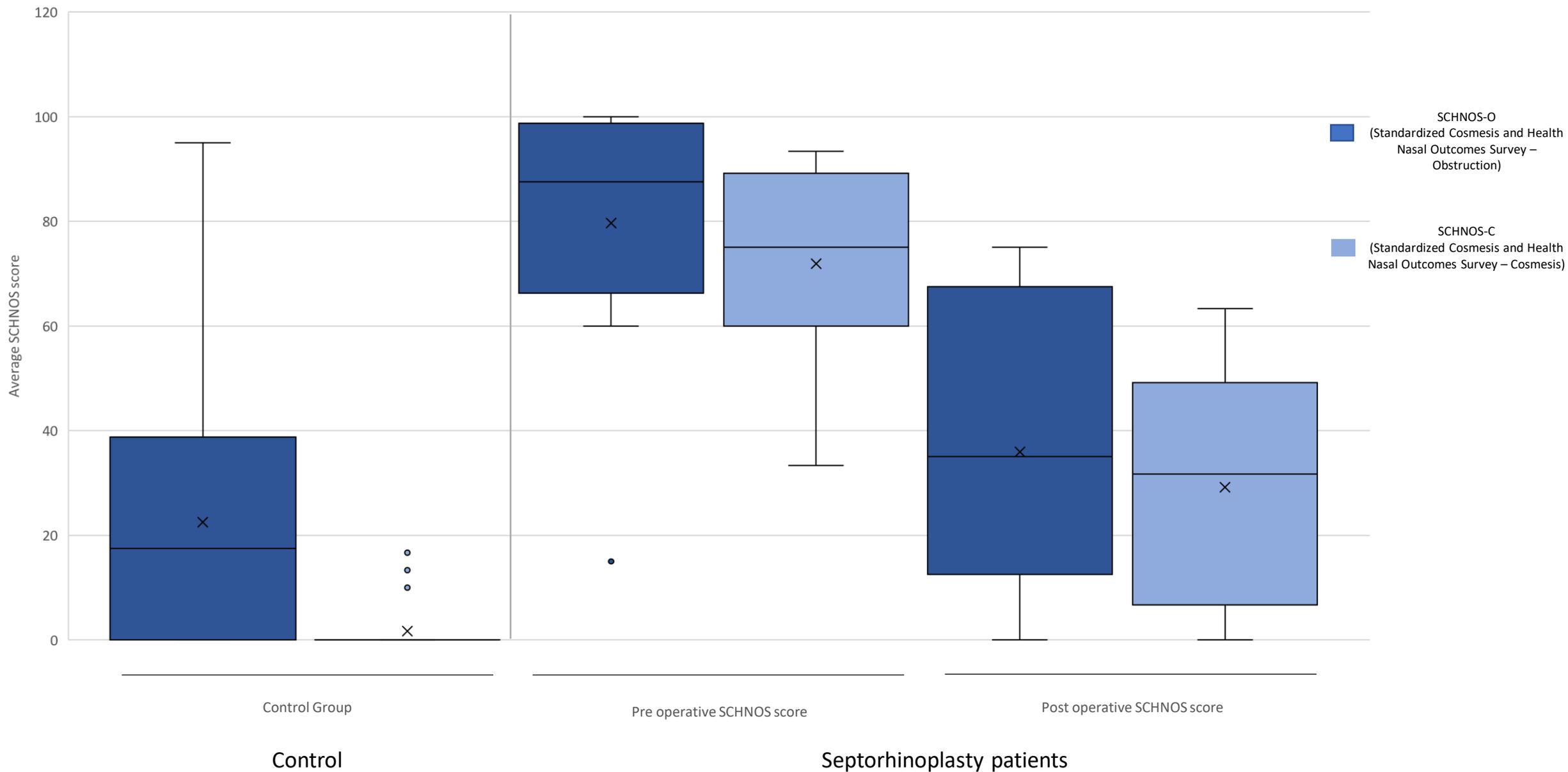
Pre- and postoperative SCHNOS by gender



Pre- and postoperative SCHNOS by age



Pre- and postoperative SCHNOS in septorhinoplasty and control groups



SCHNOS – O Score

1. Having a blocked or obstructed nose (0-5)
2. Getting air through my nose during exercise (0-5)
3. Having a congested nose (0-5)
4. Breathing through my nose during sleep (0-5)

SCHNOS-C score = $(\sum \text{item scores}/20) \times 100$
Maximum 100 points

SCHNOS – C Score

5. Decreased mood and self esteem due to my nose (0-5)
6. The shape of my nasal tip (0-5)
7. The straightness of my nose (0-5)
8. The shape of my nose from the side (0-5)
9. How well my nose suits my face (0-5)
10. The overall symmetry of my nose (0-5)

SCHNOS-C score = $(\sum \text{item scores}/30) \times 100$
Maximum 100 points

Body Dysmorphic Disorder Questionnaire (BDDQ)

1. Are you worried about how you look? **Yes/No**
If yes: Do you think your appearance problems a lot and wish you could think about them less? **Yes/No**

NOTE: If you answered 'No' to either of the above questions, you are finished with this questionnaire. Otherwise please continue.

2. Is your main concern with how you look that you aren't thin enough or are too fat? **Yes/No**

3. How has this problem with how you look affected your life?
 - *Has it often upset you a lot?* **Yes/No**
 - *Has it often gotten in the way of doing things with friends, dating, your relationships with people, or your social activities?* **Yes/No**
 - *Has it caused you any problems with school, work or other activities?* **Yes/No**
 - *Are there things you avoid because of how you look?* **Yes/No**

4. On an average day, how much time do you spend thinking about how you look? (Total during the day)
a) Less than 1 hr b) 1-3 hrs per day c) >3hrs per day