



EORTC QLQ – H&N43

Patients sometimes report that they have the following symptoms or problems. Please indicate the extent to which you have experienced these symptoms or problems during the past week. Please answer by circling the number that best applies to you.

During the past week:

	Not at All	A Little	Quite a Bit	Very Much
31. Have you had pain in your mouth?	1	2	3	4
32. Have you had pain in your jaw?	1	2	3	4
33. Have you had soreness in your mouth?	1	2	3	4
34. Have you had pain in your throat?	1	2	3	4
35. Have you had problems swallowing liquids?	1	2	3	4
36. Have you had problems swallowing pureed food?	1	2	3	4
37. Have you had problems swallowing solid food?	1	2	3	4
38. Have you choked when swallowing?	1	2	3	4
39. Have you had problems with your teeth?	1	2	3	4
40. Have you had problems because of losing some teeth?	1	2	3	4
41. Have you had problems opening your mouth wide?	1	2	3	4
42. Have you had a dry mouth?	1	2	3	4
43. Have you had sticky saliva?	1	2	3	4
44. Have you had problems with your sense of smell?	1	2	3	4
45. Have you had problems with your sense of taste?	1	2	3	4
46. Have you had problems with coughing?	1	2	3	4
47. Have you had problems with hoarseness?	1	2	3	4
48. Have you had problems with your appearance?	1	2	3	4
49. Have you felt less physically attractive as a result of your disease or treatment?	1	2	3	4

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During the past week:

	Not at All	A Little	Quite a Bit	Very Much
50. Have you felt dissatisfied with your body?	1	2	3	4
51. Have you had problems eating?	1	2	3	4
52. Have you had problems eating in front of your family?	1	2	3	4
53. Have you had problems eating in front of other people?	1	2	3	4
54. Have you had problems enjoying your meals?	1	2	3	4
55. Have you had problems talking to other people?	1	2	3	4
56. Have you had problems talking on the telephone?	1	2	3	4
57. Have you had problems talking in a noisy environment?	1	2	3	4
58. Have you had problems speaking clearly?	1	2	3	4
59. Have you had problems going out in public?	1	2	3	4
60. Have you felt less interest in sex?	1	2	3	4
61. Have you felt less sexual enjoyment?	1	2	3	4
62. Have you had problems raising your arm or moving it sideways?	1	2	3	4
63. Have you had pain in your shoulder?	1	2	3	4
64. Have you had swelling in your neck?	1	2	3	4
65. Have you had skin problems (e.g. itchy, dry)?	1	2	3	4
66. Have you had a rash?	1	2	3	4
67. Has your skin changed colour?	1	2	3	4
68. Have you worried that your weight is too low?	1	2	3	4
69. Have you worried about the results of examinations and tests?	1	2	3	4
70. Have you worried about your health in the future?	1	2	3	4
71. Have you had problems with wounds healing?	1	2	3	4
72. Have you had tingling or numbness in your hands or feet?	1	2	3	4
73. Have you had problems chewing?	1	2	3	4