



## **EORTC QLQ – OES18**

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.

| <b>During the past week:</b>                                       | <b>Not<br/>at all</b> | <b>A<br/>little</b> | <b>Quite<br/>a bit</b> | <b>Very<br/>much</b> |
|--|-----------------------|---------------------|------------------------|----------------------|
| 31. Could you eat solid food?                                      | 1                     | 2                   | 3                      | 4                    |
| 32. Could you eat liquidised or soft food?                         | 1                     | 2                   | 3                      | 4                    |
| 33. Could you drink liquids?                                       | 1                     | 2                   | 3                      | 4                    |
| 34. Have you had trouble with swallowing your saliva?              | 1                     | 2                   | 3                      | 4                    |
| 35. Have you choked when swallowing?                               | 1                     | 2                   | 3                      | 4                    |
| 36. Have you had trouble enjoying your meals?                      | 1                     | 2                   | 3                      | 4                    |
| 37. Have you felt full up too quickly?                             | 1                     | 2                   | 3                      | 4                    |
| 38. Have you had trouble with eating?                              | 1                     | 2                   | 3                      | 4                    |
| 39. Have you had trouble with eating in front of other people?     | 1                     | 2                   | 3                      | 4                    |
| 40. Have you had a dry mouth?                                      | 1                     | 2                   | 3                      | 4                    |
| 41. Did food and drink taste different from usual?                 | 1                     | 2                   | 3                      | 4                    |
| 42. Have you had trouble with coughing?                            | 1                     | 2                   | 3                      | 4                    |
| 43. Have you had trouble with talking?                             | 1                     | 2                   | 3                      | 4                    |
| 44. Have you had acid indigestion or heartburn?                    | 1                     | 2                   | 3                      | 4                    |
| 45. Have you had trouble with acid or bile coming into your mouth? | 1                     | 2                   | 3                      | 4                    |
| 46. Have you had pain when you eat?                                | 1                     | 2                   | 3                      | 4                    |
| 47. Have you had pain in your chest?                               | 1                     | 2                   | 3                      | 4                    |
| 48. Have you had pain in your stomach?                             | 1                     | 2                   | 3                      | 4                    |