



EORTC QLQ – OH15

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 gums?	1	2	3	4
32. Have you had problems with bleeding gums?	1	2	3	4
33. Have you had lip sores?	1	2	3	4
34. Have you had problems with your teeth?	1	2	3	4
35. Have you had soreness in your mouth?	1	2	3	4
36. Have you had sores in the corners of your mouth?	1	2	3	4
37. Have you had a dry mouth?	1	2	3	4
38. Have you had sticky saliva?	1	2	3	4
39. Has your mouth been sensitive to food and drink?	1	2	3	4
40. Have food and drink tasted different than usual?	1	2	3	4
41. Have you had problems eating solid foods?	1	2	3	4

During the past week:

	Yes	No
42. Have you worn dentures?	1	2

Answer question 43 only if you used dentures:

	Not at all	A little	Quite a bit	Very much
43. Have you had problems with an ill-fitting denture?	1	2	3	4

In the course of your current illness or its treatment, not only the past week:

	Yes	No
44. Have you received any information about possible dental or mouth problems?	1	2

Answer question 45 only if you have received information:

	Not at all	A little	Quite a bit	Very much
45. Have you been satisfied with the amount of information you received about possible dental or mouth problems?	1	2	3	4