

Date Completed _____

REDCap # _____ Pre _____ Post _____ Long Term Follow-up _____ months

HEAD & NECK QUESTIONNAIRE

Please indicate the extent to which you have experienced these symptoms or problems during the past week. Answer by placing a mark in the box that best applies to you.

*** Do you currently have any of the following? (check all that apply):**

Tracheostomy Feeding tube Laryngectomy

HEAD & NECK QUESTIONNAIRE					
DURING THE PAST WEEK:	NOT AT ALL	A LITTLE	QUITE A BIT	VERY MUCH	NOT APPLICABLE
1-Have you had pain in your mouth?					
2-Have you had pain in your jaw?					
3-Have you had soreness in your mouth?					
4-Have you had a painful throat?					
5-Have you had problems swallowing liquids?					
6-Have you had problems swallowing pureed food?					
7-Have you had problems swallowing solid food?					
8-Have you choked when swallowing?					
9-Have you had problems with your teeth?					
10-Have you had problems opening your mouth wide?					
11-Have you had a dry mouth?					
12-Have you had a dry mouth outdoors?					
13-Have you had difficulties eating due to a dry mouth?					
14-Have you had a dry mouth during activities?					
15-Have you had difficulties with talking due to a dry mouth?					
16-Have you had a dry mouth during the night?					
17-Have you had difficulties with sleeping due to a dry mouth?					
18-Did you need to drink during the night due to a dry mouth?					
19-Have you had sticky saliva?					

HEAD & NECK QUESTIONNAIRE

	NOT AT ALL	A LITTLE	QUITE A BIT	VERY MUCH	NOT APPLICABLE
DURING THE PAST WEEK:					
20-Have you had difficulties with eating due to sticky saliva?					
21-Have you had difficulties with talking due to sticky saliva?					
22-Have you had sticky saliva during the night?					
23-Have you had difficulties with sleeping due to sticky saliva?					
24-Have you had problems with your sense of smell?					
25-Have you had problems with your sense of taste?					
26-Have you coughed?					
27-Have you been hoarse?					
28-Have you felt ill?					
29-Have you had trouble eating?					
30-Have you had trouble enjoying your meals?					
31-Have you had trouble talking to other people?					
32-Have you had trouble talking on the telephone?					

DURING THE PAST WEEK	NO	YES
33-Have you used pain killers?		
34-Have you taken nutritional supplements (excluding vitamins)?		
35-Have you used a feeding tube?		
36-Have you lost weight?		
37-Have you gained weight?		

Thank You!