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|------------|--|---|---|---|---|---|---|---|---|---|--------|
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | Never | | | | | | | | | | Always |
| 10. | I choke or strangle on solid foods | | | | | | | | | | |
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | Never | | | | | | | | | | Always |
| 11. | I cough after I swallow | | | | | | | | | | |
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | Never | | | | | | | | | | Always |
| 12. | Swallowing takes great effort | | | | | | | | | | |
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | Never | | | | | | | | | | Always |
| 13. | It takes me longer to eat because of my swallowing problem | | | | | | | | | | |
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | Never | | | | | | | | | | Always |
| 14. | I have problems with dry mouth | | | | | | | | | | |
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | Never | | | | | | | | | | Severe |
| 15. | Problems with dry mouth make chewing and swallowing difficult | | | | | | | | | | |
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | Never | | | | | | | | | | Always |
| 16. | Problems with dry mouth affect my ability to sleep | | | | | | | | | | |
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | Never | | | | | | | | | | Always |
| 17. | Problems with dry mouth affect my ability to talk | | | | | | | | | | |
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | Never | | | | | | | | | | Always |
| 18. | I have thick mucous or phlegm | | | | | | | | | | |
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | Never | | | | | | | | | | Always |
| 19. | Mucous causes me to choke or gag | | | | | | | | | | |
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | Never | | | | | | | | | | Always |
| 20. | Mucous causes difficulty swallowing | | | | | | | | | | |
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | Never | | | | | | | | | | Always |
| 21. | Mucous causes difficulty sleeping | | | | | | | | | | |
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | Never | | | | | | | | | | Always |
| 22. | I have sores in my mouth or throat that cause pain | | | | | | | | | | |

- 0 1 2 3 4 5 6 7 8 9 10
No Pain Severe pain
- 23. Mouth or throat pain causes difficulty swallowing**
- 0 1 2 3 4 5 6 7 8 9 10
Never Always
- 24. Mouth or throat pain causes difficulty speaking**
- 0 1 2 3 4 5 6 7 8 9 10
Never Always
- 25. My average pain level over the last week has been.....**
- 0 1 2 3 4 5 6 7 8 9 10
No pain Severe pain
- 26. My worst pain level over the last week has been....**
- 0 1 2 3 4 5 6 7 8 9 10
No pain Severe pain
- 27. The average relief from my pain medication is....** **Not Applicable, I am not on pain medications**
- 0 1 2 3 4 5 6 7 8 9 10
No relief Total relief
- 28. Pain causes difficulty sleeping**
- 0 1 2 3 4 5 6 7 8 9 10
Never Always
- 29. I have trouble speaking**
- 0 1 2 3 4 5 6 7 8 9 10
Never Always
- 30. My voice is hoarse**
- 0 1 2 3 4 5 6 7 8 9 10
Not at all Very Hoarse
- 31. I have trouble being understood because of my speaking or hoarse voice**
- 0 1 2 3 4 5 6 7 8 9 10
Never Always
- 32. I have trouble with my hearing**
- 0 1 2 3 4 5 6 7 8 9 10
None Severe
- 33. My taste is altered**
- 0 1 2 3 4 5 6 7 8 9 10
None A lot
- 34. I have less desire to eat due to taste change**
- 0 1 2 3 4 5 6 7 8 9 10
Never Always

- 35. My taste changes have altered the foods that I choose to eat**
 0 1 2 3 4 5 6 7 8 9 10
 Never Always
- 36. My taste changes have caused me to decrease the amount of food I eat**
 0 1 2 3 4 5 6 7 8 9 10
 Never Always
- 37. My sense of smell has changed**
 0 1 2 3 4 5 6 7 8 9 10
 Not at all Very much
- 38. I have altered what I eat due to a change in my sense of smell**
 0 1 2 3 4 5 6 7 8 9 10
 Not at all Very much
- 39. I have difficulty chewing because of my teeth or dentures... Not applicable, I do not have teeth or dentures**
 0 1 2 3 4 5 6 7 8 9 10
 None Severe
- 40. My teeth are sensitive to hot, cold or sweet foods Not applicable, I do not have teeth**
 0 1 2 3 4 5 6 7 8 9 10
 Not at all Very Sensitive
- 41. My teeth feel looser Not applicable, I do not have teeth**
 0 1 2 3 4 5 6 7 8 9 10
 Not at all Very Loose
- 42. My teeth are cracking or chipping Not applicable, I do not have teeth**
 0 1 2 3 4 5 6 7 8 9 10
 Not at all Severe
- 43. I have trouble with my dentures Not applicable, I do not have dentures**
 0 1 2 3 4 5 6 7 8 9 10
 None A lot
- 44. I have a burning sensation in the lining of my mouth and throat**
 0 1 2 3 4 5 6 7 8 9 10
 None Very Painful
- 45. The lining of my mouth and throat is sensitive to spicy, hot or acidic foods**
 0 1 2 3 4 5 6 7 8 9 10
 Not at all Very Sensitive
- 46. The lining of my mouth and throat is sensitive to dryness**
 0 1 2 3 4 5 6 7 8 9 10
 Not at all Very Sensitive
- 47. Burning pain in the lining of my mouth and throat changes what I eat**

0 1 2 3 4 5 6 7 8 9 10
Never Always

48. Burning pain in the lining of my mouth and throat prevents me from brushing my teeth

0 1 2 3 4 5 6 7 8 9 10
Never Always

49. I have limitations in the ability to open or move my jaw

0 1 2 3 4 5 6 7 8 9 10
Never Severe

50. I have limitations in the ability to move my neck and shoulders

0 1 2 3 4 5 6 7 8 9 10
Never Severe