The Vanderbilt Head and Neck Cancer Symptom Survey (version 2.0)

Nam	ie:				D	ate:							
Dire	ctions: Pl	ease ai	nswer 1	the foll	owing q	uestion	s by ch	ecking	the ap	propria	te box.		
2	. I curre 2. I have 3. I use d	teeth	□ Yes	\square No		place.	□ Ye	s 🗆 No					
symp	ctions: P. ptoms ove a particu	er the p	oast we	ek. In	genera	l, a "0"	indicat	tes the l	least an		es your f problems		
1.	I have	been le	osing v	veight									
	0 None	1	2	3	4	5	6	7	8	9	10 A lot		
2.	I have	lost m	y appe	tite									
	0 Normal	1	2	3	4	5	6	7	8	9	10 No appetite		
3.	I have	I have to use liquid supplements (like Ensure® or Boost®) to maintain my weight											
	0 None	1	2	3	4	5	6	7	8	9	10 All liquid		
supple	ements												
4.	I have	troubl	e main	_	g my we	_	cause o	f swallo	owing p	roblem	ıs		
	0 None	1	2	3	4	5	6	7	8	9	10 A lot		
5.	I have	troubl	e eatin	g certa	in solid	foods (like ha	rd to ch	new, cr	umbly,	or sticky foods)		
	0 None	1	2	3	4	5	6	7	8	9	10 A lot		
6.	I have	I have trouble drinking thin liquids (like water, tea and Ensure®)											
	0 None	1	2	3	4	5	6	7	8	9	10 A lot		
7.	Food g	ets stu	ck in n	ny mot	ıth								
	0 Never	1	2	3	4	5	6	7	8	9	10 Always		
8.	Food g	ets stu	ck in n	ny thro	at								
	0 Never	1	2	3	4	5	6	7	8	9	10 Always		
9.	I choke	e or str	angle	on lian	ids								

	0 Never	1	2	3	4	5	6	7	8	9	10 Always
10.	I chok	ke or st	rangle	on solid	l foods						
	0 Never	1	2	3	4	5	6	7	8	9	10 Always
11.	I coug	gh aftei	r I swal	low							
	0 Never	1	2	3	4	5	6	7	8	9	10 Always
12.	Swall	owing	takes gi	reat effo	ort						
	0 Never	1	2	3	4	5	6	7	8	9	10 Always
13.	It tak	es me l	onger t	o eat be	ecause o	of my sv	vallowi	ng pro	blem		
	0 Never	1	2	3	4	5	6	7	8	9	10 Always
14.	I have	probl	ems wit	th dry n	nouth						
	0 Never	1	2	3	4	5	6	7	8	9	10 Severe
15.	Probl	ems wi	ith dry	mouth 1	make cl	hewing	and sw	allowin	ng diffic	cult	
	0 Never	1	2	3	4	5	6	7	8	9	10 Always
16.	Probl	ems wi	ith dry	mouth a	affect n	ıy abili	ty to sle	еер			
	0 Never	1	2	3	4	5	6	7	8	9	10 Always
17.	Probl	ems wi	ith dry	mouth a	affect n	ıy abili	ty to tal	lk			
	0 Never	1	2	3	4	5	6	7	8	9	10 Always
18.	I have	thick	mucous	s or phl	egm						
	0 Never	1	2	3	4	5	6	7	8	9	10 Always
19.	Muco	us caus	ses me t	to chok	e or gag	3					
	0 Never	1	2	3	4	5	6	7	8	9	10 Always
20.	Muco	us caus	ses diffi	iculty sv	wallowi	ng					
	0 Never	1	2	3	4	5	6	7	8	9	10 Always
21.	Muco	us caus	ses diffi	iculty sl	eeping						
	0 Never	1	2	3	4	5	6	7	8	9	10 Always
22.	I have	esores	in my n	nouth o	r throa	t that c	ause pa	ain			

	0 No Pain	1	2	3	4	5	6	7	8	9	10 Severe pain
23.	Mouth	or thr	oat pai	n cause	s diffic	ulty sw	allowin	\mathbf{g}			
	0 Never	1	2	3	4	5	6	7	8	9	10 Always
24.	Mouth	or thr	oat pai	n cause	s diffic	ulty spe	aking				
	0 Never	1	2	3	4	5	6	7	8	9	10 Always
25.	My av	erage p	pain lev	el over	the last	t week l	nas bee	n			
	No pain		2	3	4	5	6	7	8	9	10 Severe pain
26.	•			over th					0	9	10
	0 No pain	1	2	3	4	5	6	7	8	9	Severe pain
27.	The av	verage	relief fı	om my	pain m	iedicati	on is	. 🗆 No	t Appli	icable, l	I am not on
pain n	nedicati	ions									
	0 No relie	1 ef	2	3	4	5	6	7	8	9	10 Total relief
28.	Pain causes difficulty sleeping										
	0 Never	1	2	3	4	5	6	7	8	9	10 Always
29.	I have	troubl	e speak	ing							
	0 Never	1	2	3	4	5	6	7	8	9	10 Always
30.	My vo	ice is h	oarse								
	0 Not at a	1 11	2	3	4	5	6	7	8	9	10 Very Hoarse
31.	I have	troubl	e being	unders	stood be	ecause (of my s	peaking	g or ho	arse voi	ce
	0 Never	1	2	3	4	5	6	7	8	9	10 Always
32.	I have	troubl	e with	my hear	ring						
	0 None	1	2	3	4	5	6	7	8	9	10 Severe
33.	My tas	ste is al	tered								
	0 None	1	2	3	4	5	6	7	8	9	10 A lot
34.	I have	less de	sire to	eat <u>due</u>	to taste	e chang	<u>e</u>				
	0 Never	1	2	3	4	5	6	7	8	9	10 Always

35.	My taste c	hanges	have al	tered tl	ne food	s that I	choose	to eat		
	0 1 Never	2	3	4	5	6	7	8	9	10 Always
36.	My taste c	hanges	have ca	used m	e to de	crease 1	the amo	ount of	food I	eat
	0 1 Never	2	3	4	5	6	7	8	9	10 Always
37.	My sense o	of smell	has cha	anged						
	0 1 Not at all	2	3	4	5	6	7	8	9	10 Very much
38.	I have alte	red wha	at I eat	due to	a chang	<u>ge in my</u>	y sense	of smel	<u>l</u>	
	0 1 Not at all	2	3	4	5	6	7	8	9	10 Very much
39.		-	_		e of my	teeth o	or dent	ures[Not a	pplicable, I do
	not have to	eeth or o	denture 3	es 4	5	6	7	8	9	10
	None	2	3	7	3	O	,	O		Severe
40.	My teeth a	re sensi	itive to	hot, col	ld or sw	eet foo	ds 🗆 l	Not app	licable	, I do not have
teeth										
	0 1 Not at all	2	3	4	5	6	7	8	9	10 Very Sensitive
41.	My teeth f	eel loos	er 🗆 No	ot appli	cable, I	do not	have to	eeth		
	0 1 Not at all	2	3	4	5	6	7	8	9	10 Very Loose
42.	My teeth a	re crac	king or	chippi	ng 🗆 l	Not app	licable	, I do no	ot have	teeth
	0 1 Not at all	2	3	4	5	6	7	8	9	10 Severe
43.	I have trou	ıble wit	h my d	entures	□ Not	applica	able, I d	lo not h	ave dei	ntures
	0 1 None	2	3	4	5	6	7	8	9	10 A lot
44.	I have a b	urning	sensatio	on in th	e lining	g of my	mouth	and th	roat	
	0 1 None	2	3	4	5	6	7	8	9	10 Very Painful
45.	The lining	of my r	nouth a	and thre	oat is se	ensitive	to spic	y, hot o	r acidi	c foods
	0 1 Not at all	2	3	4	5	6	7	8	9	10 Very Sensitive
46.	The lining	of my r	nouth a	and thre	oat is se	ensitive	to dry	ness		
	0 1 Not at all	2	3	4	5	6	7	8	9	10 Very Sensitive
47.	Burning p	ain in tl	ne linin	g of my	mouth	and th	roat ch	anges v	what I e	eat

	0 Never	1	2	3	4	5	6	7	8	9	10 Always			
48.	Burni	ng pai	in in th	e lining	g of my	mouth	and th	roat pr	events	me froi	m brushing my			
teeth														
	0 Never	1	2	3	4	5	6	7	8	9	10 Always			
49.	I have	I have limitations in the ability to open or move my jaw												
	0 Never	1	2	3	4	5	6	7	8	9	10 Severe			
	110101										Bevele			
50.		e limita	ations	in the a	bility t	o move	my neo	ck and	shoulde	ers	Severe			