European Organization for Research and Treatment of Cancer (EORTC) QLQ-H&N35 questionnair

Patients sometimes report that they have the following symptoms or problems. Please indicate the extent to which you have experienced these symptoms or problems in the past week (in the past seven days). Please circle the answer that best suits you.

within the past week (within the past seven days)	None	Little	Much	Pretty much
31. Have you ever felt pain in your mouth?	1	2	3	4
32. Have you ever felt jaw pain?	1	2	3	4
33. Have you ever felt a sore mouth?	1	2	3	4
34. Have you ever had a sore throat?	1	2	3	4
35. Have you ever had difficulty swallowing liquids?	1	2	3	4
36. Have you ever had difficulty swallowing mushy food?	1	2	3	4
37. Have you ever had difficulty swallowing solid food?	1	2	3	4
38. Have you ever choked when you swallowed?	1	2	3	4
39. Have you ever had a dental problem?	1	2	3	4
40. Have you ever had trouble opening your mouth wide?	1	2	3	4
41. Have you ever felt dry mouth?	1	2	3	4
42. Have you ever felt that your saliva is sticky?	1	2	3	4
43. Have you ever had problems with your sense of smell?	1	2	3	4
44. Have you ever had problems with taste prescriptions?	1	2	3	4
45. Have you ever had a cough?	1	2	3	4
46. Have you ever had a hoarse voice?	1	2	3	4
47. Have you ever felt uncomfortable?	1	2	3	4
48. Have you ever been bothered by your appearance?	1	2	3	4
49. Have you ever had difficulty eating?	1	2	3	4
50. Have you ever had difficulty eating	1	2	3	4
before your family?	-	_		•
51. Have you ever had difficulty eating	1	2	3	4
before other people? 52. Have you ever found it difficult to enjoy	1	2	3	4
eating? 53. Have you ever had difficulty talking to	1	2	3	4

other people?				
54. Have you ever had difficulty talking on	1	2	3	4
the phone?				
55. Have you ever had difficulty interacting	1	2	3	4
with your family?				
56. Have you ever found it difficult to get in	1	2	3	4
touch with your friends?				
57. Have you ever had difficulty going out in	1	2	3	4
public?				
58. Have you ever had difficulty making	1	2	3	4
physical contact with your family or friends?				
59. Have you ever felt less interested in	1	2	3	4
"sex"?				
60. Have you ever felt less pleasure in sex?	1	2	3	4
within the past week (within the past seven day	No	Yes		
61. Have you ever used painkillers?			1	2
62. Have you ever used any nutritional supplements? (except			1	2
vitamins)				
63. Have you ever used a gastric tube to eat?			1	2
64. Have you ever lost weight?			1	2
65. Have you ever gained weight?			1	2