Swallowing Self-Assessment

TAKE BEFORE AND AFTER TREATMENT

Community Cancer Institute

This questionnaire asks about your health and quality of life over the past 7 days. Please print this out and circle one box for each symptom. Then bring this document to your next appointment.

SYMPTOM	CIRCLE THE RESPONSE THAT MOST APPLIES				
Pain	I have no pain.	There is a mild pain not needing medication.	I have moderate pain that requires regular medication.	I have severe pain controlled only by prescription medication.	I have severe pain. Not controlled by medication.
Appearance	There is no change in my appearance.	The change in my appearance is minor.	My appearance bothers me but I remain active.	I feel significantly disfigured and limit my activities due to my appearance.	I cannot be with people due to my appearance.
Activity	There is no change with my activity.	There are times when I can't keep up with my old pace, but not often.	I am often tired and have quit my activities, but I still get out.	I don't go out because I don't have the strength.	I am usually in bed or a chair and don't leave home.
Recreation	There are no limitations to recreation at home.	There are a few things I can't do but I still get out and enjoy life.	There are many times when I wish I could get out more, but I'm not up to it.	There are severe limitations to what I can do. Mostly I stay at home and watch TV.	I can't do anything enjoyable.
Swallowing	I can swallow as well as ever.	I cannot swallow certain foods.	I can only swallow liquid foods.	I cannot swallow because it "goes down the wrong way."	
Chewing	I can chew as well as ever.	I can eat solids but cannot chew some foods.	I cannot even chew soft foods.		
Speech	My speech is the same as always.	I have difficulty saying some words but I can be understood over the phone.	Only my family and friends can understand me.	I cannot be understood.	
Shoulder	I have no problem with my shoulder.	My shoulder is stiff but it has not affected my activity or strength.	Pain or weakness in my shoulder has caused me to change my work/hobbies.	I cannot work or do my hobbies due to problems with my shoulder.	
Taste	I can taste food normally.	I can taste most foods normally.	I can taste some foods.	I cannot taste foods.	
Saliva	My saliva is of normal consistency.	I have less saliva than normal, but it is enough.	I have too little saliva.	I have no saliva.	
Mood	My mood is excellent and unaffected by my cancer.	My mood is generally good and only occasionally affected by my cancer.	I am neither in a good mood nor depressed about my cancer.	I am somewhat depressed about my cancer.	I am extremely depressed about my cancer.
Anxiety	I am not anxious about my cancer.	I am a little anxious about my cancer.	I am anxious about my cancer.	I am very anxious about my cancer.	

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Community Cancer Institute

What issues have been most important to you during the past 7 days? Check up to 3 boxes:

- ☐ **Pain**
- ☐ **Appearance**
- ☐ **Activity**
- ☐ **Recreation**
- ☐ **Swallowing**
- ☐ **Chewing**
- ☐ **Speech**
- ☐ **Shoulder**
- ☐ **Taste**
- ☐ **Saliva**
- ☐ **Mood**
- ☐ **Anxiety**

QUALITY OF LIFE	CIRCLE THE RESPONSE THAT MOST APPLIES					
Health-related quality of life during the past 7 days	Outstanding	Very good	Good	Fair	Poor	Very poor
Overall quality of life during the past 7 days	Outstanding	Very good	Good	Fair	Poor	Very poor