Functional inoperability of oral and oropharyngeal cancer

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Appendix B

Study specific questionnaire,
based on EORTC H&N 35.
Used for the studies:

- ‘Oral function after maxillectomy and reconstruction with an obturator.’
- ‘Cine MRI of swallowing in patients with advanced oral or oropharyngeal carcinoma: a feasibility study.’

A. Socio-demographic data (9 questions)

B. Complaints over the last week
   a. Sense of smell (4 questions)
      1. What is your smell like?
         1 = bad
         2 = fair
         3 = good
         4 = excellent
      2. Has your sense of smell changed after treatment?
         1 = much worse
         2 = slightly worse
         3 = the same
         4 = a bit better
         5 = much better
         6 = not applicable
      3. What is your taste like?
         1 = bad
         2 = fair
         3 = good
         4 = excellent
      4. Has your taste changed after treatment?
         1 = much worse
         2 = slightly worse
         3 = the same
         4 = a bit better
         5 = much better
         6 = not applicable
   b. Diet, swallowing and chewing (17 questions)
      1. Do you still have your own teeth besides the obturator?
         1 = yes
         2 = no
         3 = no, and I don’t wear a prosthesis
      2. How often do you clean your teeth?
         1 = a couple of times a day
         2 = once a day
         3 = less than once a day
         4 = not at all
      3. How do you experience your mouth opening?
         1 = normal
         2 = a little bit limited
         3 = very limited
         4 = I cannot open my mouth
4. What is your diet like?
   1 = I eat solid food
   2 = I only eat soft (minced) food
   3 = I only eat liquid food
   4 = I only have tube feeding
   5 = combination soft diet and tube feeding

5. Do you experience problems with eating, because of a limited mouth opening?
   1 = not at all
   2 = a little
   3 = rather
   4 = quite a lot

6. Do you experience problems with speech, because of a limited mouth opening?
   1 = not at all
   2 = a little
   3 = rather
   4 = quite a lot

7. Do you have problems with chewing your food?
   1 = not at all
   2 = a little
   3 = rather
   4 = quite a lot

8. Do you have problems with moving solid food around in your mouth?
   1 = not at all
   2 = a little
   3 = rather
   4 = quite bad

9. Do you have problems with moving soft/minced food around in your mouth?
   1 = not at all
   2 = a little
   3 = rather
   4 = quite a lot

10. Do you have problems with moving liquid food around in your mouth?
    1 = not at all
    2 = a little
    3 = rather
    4 = quite a lot

11. Do you have problems with swallowing solid food?
    1 = not at all
    2 = a little
    3 = rather
    4 = quite a lot

12. Do you have problems with swallowing soft/minced food?
    1 = not at all
    2 = a little
    3 = rather
    4 = quite a lot

13. Do you have problems with swallowing liquid food?
    1 = not at all
    2 = a little
    3 = rather
    4 = quite a lot

14. Do you have to swallow repeatedly to get rid of food?
    1 = yes
    2 = no
    3 = sometimes

15. Do you have to drink during a meal to ease food down?
    1 = yes
    2 = no
    3 = sometimes
16. Do you have a normal amount of saliva (spit)?
   1 = much less      2 = a bit less
   3 = the same       4 = a bit more
   5 = much more

17. Can you keep your saliva in the mouth without leakage?
   1 = not at all     2 = a bit
   3 = fairly well    4 = quite easily

c. Social contacts (6 questions)
   1. How frequently did you visit family or friends over the last month?
      1 = every day    2 = a few times a week
      3 = once a week  4 = 2-3 times a week
      5 = once this month  6 = not at all

   2. How frequently did family or friends visit you?
      1 = every day    2 = a few times a week
      3 = once a week  4 = 2-3 times a week
      5 = once this month  6 = not at all

   3. How frequently did you phone family or friends over the last month?
      1 = every day    2 = a few times a week
      3 = once a week  4 = 2-3 times a week
      5 = once this month  6 = not at all

   4. How has your contact been with others, recently?
      1 = bad         2 = fair
      3 = reasonable  4 = good

   5. Do you feel compromised in your contact with others?
      1 = not at all  2 = a little
      3 = rather     4 = severely

   6. Do you avoid strangers?
      1 = never      2 = sometimes
      3 = frequently 4 = always

d. Voice and speech (6 questions)
   1. How do you rate your intelligibility?
      1 = poor       2 = moderate
      3 = reasonable 3 = good

   2. How do you rate the volume of your voice?
      1 = poor       2 = moderate
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3 = reasonable  3 = good
3. How do you rate the pitch of your voice?
   1 = poor  2 = moderate
   3 = reasonable

4. How do you rate your rate of speech?
   1 = poor  2 = moderate
   3 = reasonable  3 = good

5. How do you rate your intelligibility over the phone?
   1 = poor  2 = moderate
   3 = reasonable  3 = good

6. Is your voice as it used to be?
   1 = yes  2 = no

e. Sleep (3 questions)
1. Do you use sleeping medication?
   1 = yes  2 = no; skip to chapter f

2. How often do you use sleep medication?
   1 = 1-2 times a week  2 = 3-4 times a week
   3 = 5 or more times a week

3. Which sleeping pill(s) do you use?

f. Smoking/ alcohol (4 questions)
1. Do you smoke?
   1 = no, not at all (skip to question 3)
   2 = a little  3 = quite a lot
   4 = very much  5 = not anymore

2. How many cigarettes do you smoke/ smoked every day?

3. Do you drink alcohol?
   1 = no, not at all (skip to next questionnaire)
   2 = a little  3 = quite a lot
   4 = very much  5 = not anymore

4. How many units alcohol do/ did you drink per day?