

## International Classification of Functioning, Disability and Health (ICF) questionnaire for Patients with Head and Neck cancer

(version 1-7-10)

Thank you for taking part in this survey. There are 38 questions asking about problems you have had **in the last 30 days**. We would like to know how much of a problem these are to you. We also would like to know if these problems are linked to your head and neck cancer in some way or whether they are caused entirely by another illness unrelated to your head and neck cancer.

For example one question asks if you have problems with pain. If you have a moderate amount of pain and your head and neck cancer is **partly** or **entirely** responsible for this then you should answer as below:

						<i>Entirely due to Something else</i>
	None	Mild	Moderate	Severe	Complete	
Pain	1	2	3	4	5	<i>Yes</i>

Alternatively, if your moderate amount of pain is **entirely** due to something else, such as arthritis in your hip, then you should answer as below:

	How much of a problem?					<i>Entirely due to Something else</i>
	None	Mild	Moderate	Severe	Complete	
Pain	1	2	3	4	5	<i>Yes</i>

The actual questions start on the next page. There are four sections. In sections 1 and 2 we have asked you to grade your problem as **none**, **mild**, **moderate**, **severe** or **complete**.

Please use the following definitions to help you decide which grade to choose:

**NONE** – things are the same as before your cancer diagnosis and treatment.

**MILD** – at a level that you can tolerate, occurs rarely.

**MODERATE** –sometimes interferes with your day to day life, happens occasionally.

**SEVERE** – partly disrupts your day to day life, occurs frequently.

**COMPLETE** – totally disrupts your day to day life, affects you every day.

In section 3 we ask about how things in your living environment may have helped or hindered your progress.

Finally in section 4 we ask you to rate your general state of health and to rate your general level of functioning.

**Now please answer the questions on the next page. Thank you**

Patient study number \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE ANSWER ALL 38 QUESTIONS BY CIRCLING THE MOST APPROPRIATE OPTION**

**SECTION 1: Problems with parts of your body**

We mean a problem or impairment with a part of your body, which means you have trouble doing something which you want to do.

Do you have a problem with?	PROBLEM					<i>Entirely due to Something else</i>
	None	Mild	Moderate	Severe	Complete	
1.Biting	1	2	3	4	5	<i>Yes</i>
2.Chewing	1	2	3	4	5	<i>Yes</i>
3.Moving food around your mouth	1	2	3	4	5	<i>Yes</i>
4.Saliva	1	2	3	4	5	<i>Yes</i>
5.Swallowing	1	2	3	4	5	<i>Yes</i>
6.Sucking	1	2	3	4	5	<i>Yes</i>
7.Taste	1	2	3	4	5	<i>Yes</i>
<b>8.Mouth function OVERALL.</b>	1	2	3	4	5	<i>Yes</i>
9.Producing sound	1	2	3	4	5	<i>Yes</i>
10.Quality of sound (speech/ articulation)	1	2	3	4	5	<i>Yes</i>
<b>11.Voice function OVERALL.</b>	1	2	3	4	5	<i>Yes</i>
12.Emotional functioning (e.g. anxiety, mood)	1	2	3	4	5	<i>Yes</i>
13.Energy and drive (motivation).	1	2	3	4	5	<i>Yes</i>
14.Breathing in or out.	1	2	3	4	5	<i>Yes</i>
15.Structure of Teeth	1	2	3	4	5	<i>Yes</i>
16.Structure of Lips	1	2	3	4	5	<i>Yes</i>
17.Structure of Tongue	1	2	3	4	5	<i>Yes</i>
18.Roof of Mouth	1	2	3	4	5	<i>Yes</i>
19.Structure of other parts of mouth	1	2	3	4	5	<i>Yes</i>
<b>20.Structure of your mouth OVERALL.</b>	1	2	3	4	5	<i>Yes</i>
21.Structure of your throat	1	2	3	4	5	<i>Yes</i>
22.Structure of your voice box	1	2	3	4	5	<i>Yes</i>
23.Structure of other parts of your head & neck.	1	2	3	4	5	<i>Yes</i>
24.Structure of shoulder	1	2	3	4	5	<i>Yes</i>
25.Pain	1	2	3	4	5	<i>Yes</i>

## SECTION 2: Problems with activity and social functioning

We mean a problem or difficulty with activity and social participation, such as being able to speak, eat or drink in ways that are socially and culturally acceptable to you.

Do you have difficulty with?	DIFFICULTY					<i>Entirely due to Something else</i>
	None	Mild	Moderate	Severe	Complete	
26. Speaking	1	2	3	4	5	Yes
27. Drinking	1	2	3	4	5	Yes
28. Eating	1	2	3	4	5	Yes
29. Carrying out your daily routine	1	2	3	4	5	Yes
30. Supporting yourself financially	1	2	3	4	5	Yes
31. Family relationships	1	2	3	4	5	Yes
32. Intimate relationships	1	2	3	4	5	Yes

## SECTION 3: Problems with your environment

We want to see how much certain factors in your living environment have either **helped** or **hindered** your progress **overall** since your diagnosis and treatment of head and neck cancer. Circle **one value only** for each of the following questions.

**33. Overall**, how much has your immediate family been a help or a hindrance?

A HINDRANCE				NEITHER	A HELP			
Complete	Severe	Moderate	Mild		Mild	Moderate	Substantia 1	Complete
-4	-3	-2	-1	0	1	2	3	4

**34. Overall**, how much have the health professionals involved in your care been a help or a hindrance?

A HINDRANCE				NEITHER	A HELP			
Complete	Severe	Moderate	Mild		Mild	Moderate	Substantia 1	Complete
-4	-3	-2	-1	0	1	2	3	4

**35. Overall**, how much of a help or hindrance are the foods, liquids, vitamins etc that you consume?

A HINDRANCE				NEITHER	A HELP			
Complete	Severe	Moderate	Mild		Mild	Moderate	Substantia 1	Complete
-4	-3	-2	-1	0	1	2	3	4

**36. Overall**, how much of a help or hindrance are your medicines (prescribed or bought over the counter)?

A HINDRANCE				NEITHER	A HELP			
Complete	Severe	Moderate	Mild		Mild	Moderate	Substantia 1	Complete
-4	-3	-2	-1	0	1	2	3	4

-4	-3	-2	-1	0	1	2	3	4
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#### SECTION 4: Your general state of health

**37. In general, would you say your health is:**

(The more to the left you make the cross, the better you consider that your health is. The more to the right you make your cross, the poorer you consider that your health is).

<b>excellent</b>	0	1	2	3	4	5	6	7	8	9	10	<b>poor</b>
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**38. Please rank the magnitude of your problems with functioning in your everyday life**

(The more to the left you make the cross, the better you consider your functioning to be. The more to the right you make your cross, the poorer you consider that your functioning is).

<b>No problem</b>	0	1	2	3	4	5	6	7	8	9	10	<b>Complete problem</b>
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**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE**  
**PLEASE CHECK YOU HAVE GIVEN AN ANSWER TO EACH OF THE 38 QUESTIONS**