

FACT/NCCN HNSI

Below is a list of statements that other people with your illness have said are important. Please circle or mark one number per line to indicate your response as it applies to the past 7 days.

		Not at all	A little bit	Some- what	Quite a bit	Very much
GP4	I have pain.....	0	1	2	3	4
GP1	I have a lack of energy	0	1	2	3	4
H&N7	I can swallow naturally and easily	0	1	2	3	4
H&N 12	I have pain in my mouth, throat, or neck	0	1	2	3	4
H&N3	I have trouble breathing	0	1	2	3	4
H&N10	I am able to communicate with others	0	1	2	3	4
GP2	I have nausea.....	0	1	2	3	4
H&N11	I can eat solid foods	0	1	2	3	4
GE6	I worry that my condition will get worse.....	0	1	2	3	4
GF7	I am content with the quality of my life right now.....	0	1	2	3	4