## **OMWQ-HN**

We are interested in some things about you and your health. Please answer all of the questions yourself by circling the number that best applies to you. There are no "right" or "wrong" answers.

1.	How would	you rate your	overall health	during the	past week?
1.	110W Would	you rule your	Overun neum	during the	publ Week

1	2	3	4	5	6	7
Very poor						Excellent

2. How would you rate your overall quality of life during the past week?

1	2	3	4	5	6	7
Very poor						Excellent

3. How much MOUTH AND THROAT SORENESS did you experience in the past week? (Circle one number)

No soreness	$_0$ $\Box$	If you circled 0, please stop
A little soreness	1	0, please stop here
Moderate soreness	2	
Quite a lot of soreness	3	
Extreme soreness	4	

4. How much did **MOUTH AND THROAT SORENESS** limit you in each of the following activities during the past week? (*Circle one number on each line*)

		Not Limited	Limited A Little	Limited Some	Limited A Lot	Unable To Do
a.	Sleeping		1	2	3	4
b.	Swallowing		1	2	3	4
c.	Drinking		1	2	3	4
d.	Eating		1	2	3	4
e.	Talking		1	2	3	4
f.	Brushing your teeth		1	2	3	4

5.			m 0 to 10, Circle one		ld you rate	your <b>OV</b>	ERALL N	MOUTH A	AND THR	COAT SO	ORENESS during the
	0	1	2	3	4	5	6	7	8	9	10
	No eness										Worst Possible Soreness
6.		scale of e one ni		nat numbe	r best desc	cribes the	MOUTH	PAIN that	t you have	experier	nced in the past weel
	0	1	2	3	4	5	6	7	8	9	10
No	o Pain										Worst Pain Imaginable
7.			0 to 10, wh		r best desc	cribes the	THROAT	PAIN tha	at you have	e experie	enced in the past
	0	1	2	3	4	5	6	7	8	9	10
No	o Pain										Worst Pain Imaginable
8.	Is the	re anythi	ing that yo	u're going	g through t	hat we ha	ven't cove	red? (Plea	se explain)	)	
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