

## NCCN/FACT Head & Neck Cancer Symptom Index (Version 2)

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	Somewhat	Quite a bit	Very much	
D R S- P	GP4	I have pain .....	0	1	2	3	4
	C2	I am losing weight .....	0	1	2	3	4
	HN3	I have trouble breathing.....	0	1	2	3	4
	GP6	I feel ill .....	0	1	2	3	4
	HN12	I have pain in my mouth, throat or neck.....	0	1	2	3	4
	GP3	Because of my physical condition, I have trouble meeting the needs of my family .....	0	1	2	3	4
	HN7	I can swallow naturally and easily .....	0	1	2	3	4
	HN1	I am able to eat the foods that I like .....	0	1	2	3	4
	HN10	I am able to communicate with others.....	0	1	2	3	4
	HN11	I can eat solid foods.....	0	1	2	3	4
D R S- E	GF5	I am sleeping well.....	0	1	2	3	4
	GE6	I worry that my condition will get worse ....	0	1	2	3	4
	GP1	I have a lack of energy .....	0	1	2	3	4
	GP2	I have nausea .....	0	1	2	3	4
T S E	Hep5	I have had a change in the way food tastes .	0	1	2	3	4
	N6	I have mouth sores.....	0	1	2	3	4
	B5	I am bothered by hair loss .....	0	1	2	3	4
	GP5	I am bothered by side effects of treatment ..	0	1	2	3	4
F W B	C6	I have a good appetite.....	0	1	2	3	4
	GF1	I am able to work (include work at home) ..	0	1	2	3	4
	GF3	I am able to enjoy life.....	0	1	2	3	4
	GF7	I am content with the quality of my life right now .....	0	1	2	3	4

DRS-P=Disease-Related Symptoms Subscale – Physical  
 DRS-E=Disease-Related Symptoms Subscale – Emotional  
 TSE=Treatment Side Effects Subscale  
 FWB=Function and Well-Being Subscale