

FHNSI-10 (Version 4)

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
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&N12	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