

AAMP-OCI Preliminary Information Sheet

The following are areas of your daily life that may have changed since your surgery. **Please choose those 3 that have been most important to you. Note: Check or put an X in the blank.**

<input type="checkbox"/> Fatigue	<input type="checkbox"/> Speech	<input type="checkbox"/> Appearance
<input type="checkbox"/> Appetite	<input type="checkbox"/> Dry Mouth	<input type="checkbox"/> Happiness
<input type="checkbox"/> Pain level	<input type="checkbox"/> Eating	<input type="checkbox"/> Self-esteem

Indicate which of the following daily activities have been most affected by your surgery. **Please choose those 3 activities that have been most important to you. Note: Check or put an X in the blank.**

<input type="checkbox"/> moving from sitting to standing	<input type="checkbox"/> attending to myself at the toilet	<input type="checkbox"/> feeding myself
<input type="checkbox"/> climbing stairs	<input type="checkbox"/> bathing myself	<input type="checkbox"/> dressing myself

Indicate which of the following household and social activities have been most affected by your surgery. **Please choose 3. Note: Check or put an X in the blank.**

<input type="checkbox"/> meal preparation	<input type="checkbox"/> resuming my activities at work	<input type="checkbox"/> traveling
<input type="checkbox"/> housework	<input type="checkbox"/> handling my personal finances	<input type="checkbox"/> driving
<input type="checkbox"/> shopping	<input type="checkbox"/> hobbies	

Indicate which of the following thinking activities have been affected by your surgery. **Note: Check or put an X in the blank.**

<input type="checkbox"/> problem solving	<input type="checkbox"/> memory	<input type="checkbox"/> comprehension
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AAMP-OCI

These are ways in which your life may have changed over the last year due to your illness or treatment. This questionnaire will measure the effect of cancer on your life as you progress through the stages of treatment and recovery.

Please indicate how much these items have bothered you since your first head and neck cancer surgery by circling a number on the scale from (0), Does not apply, (1) Strongly Disagree to (5) Strongly Agree. Strongly Disagree means that you personally disagree very strongly. Neutral means that you neither agree or disagree. Strongly Agree means that you personally agree very strongly.

Does Not Apply	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

1) PHYSICAL AND FUNCTIONAL ABILITIES**a) SPEAKING**

1. I am easily understood when speaking to others.	0	1	2	3	4	5
2. Problems with speaking have greatly reduced my enjoyment of life.	0	1	2	3	4	5

3. It bothers me when people ask me to repeat myself.	0	1	2	3	4	5
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b) EATING/ SWALLOWING

4. I have had problems swallowing solid food.	0	1	2	3	4	5
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5. I can easily swallow pureed food.	0	1	2	3	4	5
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6. My sense of taste is the same as before surgery.	0	1	2	3	4	5
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7. I have a normal appetite.	0	1	2	3	4	5
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8. My problems with eating have greatly reduced my enjoyment of life.	0	1	2	3	4	5
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c) DRY MOUTH

9. I have had a dry mouth.	0	1	2	3	4	5
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10. I have had problems with pain in my upper or lower jaw.	0	1	2	3	4	5
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11. I have had problems with sores in my mouth.	0	1	2	3	4	5
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12. Pain in my surgical area has interfered with my ability to concentrate.	0	1	2	3	4	5
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13. It is necessary for me to be free from pain in order to enjoy a good quality of life. 0 1 2 3 4 5

d) PROSTHESIS

14. I have had problems with my prosthesis. 0 1 2 3 4 5

15. I am satisfied with the appearance of my prosthesis. 0 1 2 3 4 5

16. I am always aware of the prosthesis in my mouth. 0 1 2 3 4 5

17. My prosthesis seems to fit well and is comfortable. 0 1 2 3 4 5

e) OPEN MOUTH/MOVE JAW

18. I can open my mouth wide. 0 1 2 3 4 5

f) BREATHE

19. I can breathe easily through my nose. 0 1 2 3 4 5

g) SLEEP

20. I sleep well. 0 1 2 3 4 5

h) MOUTH AND THROAT

21. My mouth and throat feel smooth and normal.	0	1	2	3	4	5
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22. My mouth feels healthy and comfortable.	0	1	2	3	4	5
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i) SURGICAL RECONSTRUCTION

23. I feel that my surgical reconstruction adequately treats the area removed due to cancer.	0	1	2	3	4	5
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2). PSYCHOLOGICAL STATUS AND WELL BEING

a) BODY IMAGE/ APPEARANCE

24. I am satisfied with the appearance of my prosthesis.	0	1	2	3	4	5
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25. I have been bothered by the scarring or bulging of my surgical area.	0	1	2	3	4	5
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26. Facial disfigurement has had an overwhelming effect on my daily enjoyment of life.	0	1	2	3	4	5
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b) PAIN

27. I have had problems with pain in my upper or lower jaw.	0	1	2	3	4	5
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28. I have had problems with sores in my mouth. 0 1 2 3 4 5

29. Pain in my surgical area has interfered with my ability to concentrate. 0 1 2 3 4 5

30. It is necessary for me to be free from pain in order to enjoy a good quality of life. 0 1 2 3 4 5

c) FEELINGS/ CANCER TREATMENT

31. My mouth feels healthy and comfortable. 0 1 2 3 4 5

32. I feel that my life has a purpose. 0 1 2 3 4 5

33. I feel self-sufficient. 0 1 2 3 4 5

34. I feel that I can still accomplish my goals in life. 0 1 2 3 4 5

35. I sometimes feel helpless. 0 1 2 3 4 5

3) SOCIAL INTERACTIONS

a) RELATIONSHIPS

36. I feel comfortable going out in public. 0 1 2 3 4 5

37. I have trouble being affectionate with family or friends. 0 1 2 3 4 5

38. My family relationships are the same as before surgery. 0 1 2 3 4 5

b) SEX

39. My interest in sex is the same as before surgery. 0 1 2 3 4 5
 (If you have been sexually active within the last year.)

c) TRAVEL

40. I am afraid to travel long distances from my home. 0 1 2 3 4 5

4) ECONOMICAL/ VOCATIONAL STATUS

5) SPIRITUAL ASPECT

41. I have felt spiritually disillusioned due to my condition. 0 1 2 3 4 5

6) GLOBAL QOL

42. Rate your overall quality of life during the past 7 days. Please consider everything that relates to your personal well-being. Circle the one that best applies.

My quality of life is...

Excellent-1

Very good-2

Fair-3

Poor-4

Very poor-5