CHAPTER VIII

APPENDICES

This chapter contains Ethical Committee Clearance Certificate, Patient’s Informed Consent for participation, Patients Assessment Format, ECOG Score Scale, Oral Mucositis Weekly Questionnaire-Head and Neck, Functional Assessment of Cancer Treatment-Head and Neck (Version 4).
Communication of decision of the University Ethics Committee (UEC)

UEC/11/2009

<table>
<thead>
<tr>
<th>Protocol Title</th>
<th>The effect of low level Helium – Neon LASER therapy in the prevention and treatment of radiation induced mucositis in head and neck cancer patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principal Investigator</td>
<td>Dr. Donald J Fernandes,</td>
</tr>
<tr>
<td>Name and address of Institution</td>
<td>Dr. Donald J Fernandes, Professor and Head of Unit II, Department of Radiotherapy and Oncology, Kasturba Hospital, Manipal.</td>
</tr>
<tr>
<td>New Review</td>
<td>Yes</td>
</tr>
<tr>
<td>Date of review</td>
<td>12.03.2009</td>
</tr>
<tr>
<td>Date of previous review, if revised application</td>
<td></td>
</tr>
<tr>
<td>Decision of UEC</td>
<td>Approved</td>
</tr>
<tr>
<td>Suggestions/ Reasons/Remarks</td>
<td>one year</td>
</tr>
</tbody>
</table>

- This permission is only for the period mentioned above.
- Inform UEC in case of any amendments to the protocol, change of study procedure, site and investigator and premature termination of study with reasons along with summary.
- Inform UEC immediately in case of any adverse events and serious adverse events.
- Submit six monthly and final report to UEC.
- Members of UEC have right to monitor the trial with prior intimation.
- Hand over one copy of the consent form duly signed to the person giving the consent.

Member Secretary, University Ethics Committee

Date: 13.03.2009
APPENDIX

ಚಾಚು ಕೆನಪು

ಮತ್ತು : ಮೊದಲgowಹಾಸಿಗೆಗೆ ದಕ್ಷಿಣಾಧಾರ ಏನೆಯ ಆರೋಗ್ಯವಿದ್ಯಾ ಹೋರಾಟಗಳಿಗೆ ಸಂಬಂಧಿಸಿದ ನಿರ್ದೇಶಣೆಗಳು ಅನುಸರಿಸಿಕೊಂಡಾಗ ನಿರ್ದಿಷ್ಟವಾಗಿ ಬಳಸಬಹುದಾಗಿದ್ದವೆನ್ನಾ ದಿನಾಂಕಮೂಲಕ ಬೇರೆಯನ್ನು ನೋಡಬೇಕು — ತೆಗೆದಾರ (ಗುಂಟು – 3) ಸ್ವರೂಪಾಂತರ.  ರಾಜ್ಯದ ಹುದ್ದೆಯ ನಿದ್ದೇಶಗಳನ್ನು ಸಹ ಯಶಸ್ಸಾಗಿ ಅನುಸರಿಸಿಕೊಂಡ ಹುದ್ದೆಯ ತೆಗೆದಾರರ ತಾಳೂಕುಗಳ ಕಿರಿಯನ್ನು ಮೀರ ನೋಡಬಹುದಾಗಿದ್ದವೆನ್ನಾ ನಡುವಿನ ಸ್ವರೂಪಾಂತರ ಸಹ ನೋಡುವ ಸಂಸ್ಥೆಗಳ ಸಂಬಂಧದ ವ್ಯವಹಾರಗಳ ಬೇರೆಯನ್ನು ನೋಡಲಾಗುತ್ತದೆ. 160 ವರ್ಷಗಳಿಗೆ ಎರಡು ರಾಜ್ಯದ ಸಾಮಾನ್ಯ ವ್ಯವಸ್ಥೆಗಳ ಪರಿಶೀಲಿಸುವ ಸೂಕ್ಷ್ಮವಾಗಿ ಅನುಸರಿಸಿದರೆ ಲೋಕದ ಯಶಸ್ಸು ಪ್ರತ್ಯೇಕ ಸಮರ್ಥವಾಗಿ ಬೇಗಾಗತಾಗುತ್ತದೆ.  ಇದು ಅನುಮಾಣವಾಗಿ ಮೂಲದಿಂದ ಮುಂದೆ ತಿರುಗುವ ಮೂಲಕ ಇಂದಿಗೂ ಅಪೂರ್ವವಾಗಿ ಇರುತ್ತದೆ.  ಇದು ಯಶಸ್ಸು ಪರಿಶೀಲಿಸಬೇಕು ಆದರ್ಶದ ಸ್ವರೂಪಾಂತರ ಗುಣಮಟ್ಟದಿಂದ ಬದಲಾಗುತ್ತದೆ.  ಕೊನೆಯು ತೆಗೆದಾರ ನಿವೃತ್ತಿಯನ್ನು ಅಂತ್ಯಿಸಬೇಕು.  ಇದು ಮಾಡಿದಾಗ ಸಾಮಾನ್ಯವಾಗಿ ನಿರ್ದೇಶಣೆಗಳಿಗೆ ಸಂಬಂಧಿಸಿದ್ದಾಗಿದ್ದವೆನ್ನಾ ಲೋಕದ ವ್ಯವಸ್ಥೆಗಳ ಕಿರಿಯನ್ನು ನೋಡಲಾಗುತ್ತದೆ.  ಅಧಿಕಾರಿಯನ್ನು ಸಂಚಯಿಸಲಾಗುವಿಕೆಯಾಗಿ ಬಾರಿ ಅಂತ್ಯಿಸಬೇಕು.  ಮಾಡಿದ ರಾಜ್ಯದ ಸಾಮಾನ್ಯ ವ್ಯವಸ್ಥೆಯಲ್ಲಿ ನಿರ್ದೇಶಣೆಗಳಿಗೆ ಸಂಬಂಧಿಸಿದ್ದಾಗಿದ್ದವೆನ್ನಾ ಲೋಕದ ವ್ಯವಸ್ಥೆಗಳ ಕಿರಿಯನ್ನು ನೋಡಲಾಗುತ್ತದೆ.
INFORMED CONSENT

Title: Effect of low level Helium-Neon (He-Ne) laser therapy in the prevention and treatment of radiation induced mucositis in head and neck cancer patients- A Randomized control Trial.

Oral mucositis is a frequent and potentially severe complication of cancer therapy. It is painful, impairs adequate nutritional and liquid intake, affects the quality of life and may result in serious clinical complication. Various treatment modalities such as benzoyamine oral rinse, chlorhexidine oral rinse, povidone-iodine rinses have been tried. However, no intervention exists that is completely successful.

For this study about 160 patients will be enrolled. Participation will be voluntary and if any one refuses to participate / withdraw from the program at any stage will not prejudice their care, rights and welfare. We will provide treatment to some of you with laser during the course of treatment depending upon to which group you belong to. However you shall not be told to you to which group you belong. You should follow our instructions provided to you carefully. For laser treatment you will be given protective eyewear as laser light can damage the eyes if looked at directly. If at all we see any side effect due to these modalities, proper treatment will be provided. Your identity will not be revealed to anyone in any case. Treatment will be provided only for research purpose. No extra charges will be there for participating or getting the results. There will not be any kind of compensation for participation in research. You can withdraw from program at any time. Any information that becomes available to us during the research, which may be of relevance to you, will be made known to you. Your participation may be terminated by us if dose reduction / radiotherapy interruptions are made in between. Sufficient time will be allowed to you to enquire about details of the research and to decide for participation. For any clarification you can contact at address: Dr. B.M Vadhiraja, Dept. of Radiation Oncology, KMC Hospital. Ph: 0820-2922657.

Sign of investigator

I attest that I have read and fully understood the above information. I understand that treatment given by the investigator would be used only for research purpose and will be kept confidential. My treatment for cancer will not be affected by my decision to participate or not to participate in the study. I have been given full right to withdraw from the study at any time, without giving any reason but if reason is related to adverse event investigator will be informed. I hereby, thus give permission for research and agree to participate in the program as described above.

Patient's name: 

Sign of patient

Date:

Place:

Witness name & relation:

Name of Principal Investigator: Dr. Donald J. Fernandes
Professor & Head Unit II
Dept. of Radiation Oncology, KMCH,
Ph: 0820-2922023

228
**ASSESSMENT CHART**

Demographic data:  
Name:  
Age/Sex:  
Hospital No.:  
Ward:  
Unit:  
BMI: Wt / Ht^2  

Chief complaint:  

Diagnosis:  
- Primary tumor site  
- Stage (I-IV) & Grade: T=……., N=………., M=…….  

Treatment Characteristics:  
- RT only/ CT only/ RT+CT  
- Dosage  
- Surgical procedure (DOS)  

VITALS:  
- PR  
- RR  
- BP  
- Temp  

ECOG Score: ≤2 or >2  

ORAL EXAMINATION:  
Oral Hygiene:  
- Good/ Fair/ Poor  
- Dental caries +/-  
- Mucositis Grade: RTOG/EORTC Grades= 0/ 1/ 2/ 3/ 4  

Oral Pain:  
- VAS  
- 0—1—2—3—4—5—6—7—8—9—10  
- Verbal Scale  
- None/ Low/ Moderate/ Severe /Worst Possible  
- WHO Ladder For Pain Medication  
- Step I (NSAID)/ Step II (Tramadol)/ Step III (Morphine)  
- Number of Days (Started on__________ Stopped on__________)  

Functional Impairment Scale: 1/ 2/ 3/4  

Salivary abnormality: ↑/ ↓/ ↔  

Taste: Normal/ Altered (Dysgeusia)/ Lost  

Feeding tube insertion: +/-……….. PEG/ Ryles  

Oral mobility:  
- Tongue Mobility--  
- Jaw Mobility--  
- Mouth Opening=___________cm  

Quality of life:  
- FACT-H & N  
- Oral Mucositis Weekly Questionnaire-H & N  

LASER Dosage:  
\[ D = P \times t (\text{sec})/A (\text{cm}^2) J \text{ cm}^{-2} = \]
## ORAL MUCOSITIS GRADING (RTOG/EORTC)

<table>
<thead>
<tr>
<th>Testing date</th>
<th>Oral Mucositis grade</th>
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</thead>
<tbody>
<tr>
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</table>

**Grade 0:** None, **Grade I:** Erythema of oral mucosa, **Grade II:** Patchy Mucositis
**Grade III:** Confluent Mucositis, **Grade IV:** Ulcerations/ Necrosis &/or Hemorrhage
## DYSPHAGIA - FUNCTIONAL IMPAIRMENT SCALE

<table>
<thead>
<tr>
<th>Date of testing</th>
<th>Functional Impairment Scale</th>
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</table>

1 = Able to eat solid food, 2 = Able to eat soft food, 3 = Able to drink liquids only, 4 = Oral alimentation not possible
### NUMERIC RATING SCALE –VAS for PAIN

<table>
<thead>
<tr>
<th>DOA</th>
<th>No Pain</th>
<th>VISUAL ANALOG SCALE</th>
<th>Worst Pain</th>
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</thead>
<tbody>
<tr>
<td></td>
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<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td></td>
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</tbody>
</table>

### WHO Grading of Analgesics for Oral Mucositis

<table>
<thead>
<tr>
<th>Analgesics required</th>
<th>Started on</th>
<th>Stopped on</th>
<th>No. of days</th>
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</thead>
<tbody>
<tr>
<td>Step I</td>
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<tr>
<td>Step II</td>
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<tr>
<td>Step III</td>
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</table>

**Step I:** NSAID for pain relief  
**Step II:** Tramadol (weak opioid) for pain relief  
**Step III:** Morphine (strong opioid) for pain relief
### VERBAL SCALE for PAIN

<table>
<thead>
<tr>
<th>DOA</th>
<th>None</th>
<th>Low</th>
<th>Moderate</th>
<th>Severe</th>
<th>Worst pain</th>
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0: NO HURT  
1: HURTS LITTLE BIT  
2: HURTS LITTLE MORE  
3: HURTS EVEN MORE  
4: HURTS WHOLE LOT  
5: HURTS WORST
Eastern Co-operative Oncology Group (ECOG) Performance Status

These scales and criteria are used by doctors and researchers to assess how a patient's disease is progressing, assess how the disease affects the daily living abilities of the patient, and determine appropriate treatment and prognosis. They are included here for health care professionals to access.

<table>
<thead>
<tr>
<th>Grade</th>
<th>ECOG</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Fully active, able to carry on all pre-disease performance without restriction</td>
</tr>
<tr>
<td>1</td>
<td>Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work</td>
</tr>
<tr>
<td>2</td>
<td>Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours</td>
</tr>
<tr>
<td>3</td>
<td>Capable of only limited self-care, confined to bed or chair more than 50% of waking hours</td>
</tr>
<tr>
<td>4</td>
<td>Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair</td>
</tr>
<tr>
<td>5</td>
<td>Dead</td>
</tr>
</tbody>
</table>

### ORAL MUCOSITIS WEEKLY QUESTIONNAIRE - HEAD & NECK

Please fill appropriate answer against the given Question Number (Q.No.) in the table given behind every week which suits your health status during the *past 7 days*.

<table>
<thead>
<tr>
<th>Patient detail</th>
<th>Weekly Questionnaire</th>
<th>Date: _ / _ /200_</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> How would you rate your overall health during the <em>past 7 days</em>? (Please chose the most appropriate number)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Very poor</td>
<td>2 Poor</td>
<td>3 Average</td>
</tr>
<tr>
<td><strong>2.</strong> How would you rate your overall quality of life during the <em>past 7 days</em>? (Please chose the most appropriate number)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Very poor</td>
<td>2 Poor</td>
<td>3 Average</td>
</tr>
<tr>
<td><strong>3.</strong> During the <em>past 7 days</em>, how much Mouth &amp; Throat Soreness did you have? (Chose one number)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 No soreness</td>
<td>1 A little soreness</td>
<td>2 Moderate soreness</td>
</tr>
<tr>
<td><strong>If the answer is 0 then stop. If answer is &gt;0 then fill next 4 answers.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4.</strong> During The <em>Past 7 Days</em>, How Much Did Mouth &amp; Throat Soreness Limit Each Of The Following Activities Have? (Chose One Number)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Limited</td>
<td>Limited A Little</td>
<td>Limited Some</td>
</tr>
<tr>
<td>A. Swallowing</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>B. Drinking</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>C. Eating</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>D. Talking</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>E. Sleeping</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>F. Brushing</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>5.</strong> On a scale from 0 to 10, how would you rate your Overall Mouth &amp; Throat Soreness during the <em>past 7 days</em>? (Please chose the most appropriate number)</td>
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<tr>
<td>(None)</td>
<td>0</td>
<td>1</td>
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<tr>
<td><strong>6.</strong> On a scale from 0 to 10, how would you rate your Mouth pain during the <em>past 7 days</em>? (Please chose the most appropriate number)</td>
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<tr>
<td>(None)</td>
<td>0</td>
<td>1</td>
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<tr>
<td><strong>7.</strong> On a scale from 0 to 10, how would you rate your Throat pain during the <em>past 7 days</em>? (Please chose the most appropriate number)</td>
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<td>(None)</td>
<td>0</td>
<td>1</td>
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</table>

**STOP**
Please write the appropriate number against appropriate Question No. which suits your health status during the *past 7 days*.

<table>
<thead>
<tr>
<th>Q.No.</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>Weight</th>
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<tbody>
<tr>
<td>Week</td>
<td>a</td>
<td>b</td>
<td>c</td>
<td>d</td>
<td>e</td>
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<td>7&lt;sup&gt;th&lt;/sup&gt;</td>
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</tbody>
</table>

Any additional comments you want to tell about your mouth or throat condition please mention here………………….
## ORAL MUCOSITIS WEEKLY QUESTIONNAIRE - HEAD & NECK

<table>
<thead>
<tr>
<th>Question</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you had pain or discomfort in the mouth or throat during the past week? Yes/No</td>
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<td>2. Have you had any other symptoms such as swelling, redness, or difficulty swallowing? Yes/No</td>
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<td>3. Have you noticed any changes in your oral health, such as changes in your teeth or gums? Yes/No</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**Date of completion:** [___/___/___]
4. കണക്കാക്ടുകള്‍ പരിശീലിക്കാന്‍ ഉപയോഗിക്കുന്ന താളം‌ക്ക് നാമാക്രമണം ചെയ്യുന്നു.

<table>
<thead>
<tr>
<th>പദം</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. സ്വല്പന്തലം</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>B. മുഴുവന്തലം</td>
<td>0</td>
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<tr>
<td>C. നിരസന</td>
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<td>3</td>
</tr>
<tr>
<td>D. തൊഴിലാളി</td>
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<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>E. പ്രോഫസർ</td>
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<td>2</td>
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<tr>
<td>F. പ്രഭുക്കേശാഷ്ട്രം</td>
<td>0</td>
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<td>2</td>
<td>3</td>
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</table>

5. ഒരു പക്ഷം 10 വര്‍ഷമെത്തിയവര്‍ക്ക് സന്ദര്‍ശന നടത്തിയ രീതി പ്രതിരോധിക്കുന്ന അവസരങ്ങള്‍ ക്രമത്തില്‍ പ്രദാനം ചെയ്യുന്നതാണ്. (ക്രമാനുകൂട്ടുമായി ലിസ്റ്റ് പ്രണേശം):

<table>
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<tr>
<th>തീയതി</th>
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<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
</table>

6. ഒരു പക്ഷം 10 വര്‍ഷമെത്തിയവര്‍ക്ക് സന്ദര്‍ശന നടത്തിയ രീതി പ്രതിരോധിക്കുന്ന അവസരങ്ങള്‍ ക്രമത്തില്‍ പ്രദാനം ചെയ്യുന്നതാണ്. (ക്രമാനുകൂട്ടുമായി ലിസ്റ്റ് പ്രണേശം):

<table>
<thead>
<tr>
<th>തീയതി</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
</table>

7. ഒരു പക്ഷം 10 വര്‍ഷമെത്തിയവര്‍ക്ക് സന്ദര്‍ശനം നടത്തിയ രീതി പ്രതിരോധിക്കുന്ന അവസരങ്ങള്‍ ക്രമത്തില്‍ പ്രദാനം ചെയ്യുന്നതാണ്. (ക്രമാനുകൂട്ടുമായി ലിസ്റ്റ് പ്രണേശം):

<table>
<thead>
<tr>
<th>തീയതി</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
</table>
FACT-H&N (Version 4)
Below is a list of statements that other people with your illness have said are important. By circling one (1) number per line, please indicate how true each statement has been for you during the past one month.

<table>
<thead>
<tr>
<th>PHYSICAL WELL-BEING</th>
<th>Not at all</th>
<th>A little bit</th>
<th>Some what</th>
<th>Quite a bit</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP1 I have a lack of energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>GP2 I have nausea</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>GP3 Because of my physical condition, I have trouble meeting the needs of my family</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>GP4 I have pain</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>GP5 I am bothered by side effects of treatment</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>GP6 I feel ill</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>GP7 I am forced to spend time in bed</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SOCIAL/FAMILY WELL-BEING</th>
<th>Not at all</th>
<th>A little bit</th>
<th>Some what</th>
<th>Quite a bit</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>GS1 I feel close to my friends</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>GS2 I get emotional support from my family</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>GS3 I get support from my friends</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>GS4 My family has accepted my illness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>GS5 I am satisfied with family communication about my illness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>GS6 I feel close to my partner (or the person who is my main support)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Regardless of your current level of sexual activity, please answer the following question. If you prefer not to answer it, please check □ please che...

<table>
<thead>
<tr>
<th>EMOTIONAL WELL-BEING</th>
<th>Not at all</th>
<th>A little bit</th>
<th>Some what</th>
<th>Quite a bit</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>GE1 I feel sad</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>GE2 I am satisfied with how I am coping with my illness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>GE3 I am losing hope in the fight against my illness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>GE4 I feel nervous</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>GE5 I worry about dying</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>GE6 I worry that my condition will get worse</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
FACT-H&N (Version 4)

By circling one (1) number per line, please indicate how true each statement has been for you **during the past one month**.

### FUNCTIONAL WELL-BEING

<table>
<thead>
<tr>
<th>Statement</th>
<th>Not at all</th>
<th>A little bit</th>
<th>Some what</th>
<th>Quite a bit</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>GF1 I am able to work (include work at home)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>GF2 My work (include work at home) is fulfilling</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>GF3 I am able to enjoy life</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>GF4 I have accepted my illness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>GF5 I am sleeping well</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>GF6 I am enjoying the things I usually do for fun</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>GF7 I am content with the quality of my life right now</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

### ADDITIONAL CONCERNS

<table>
<thead>
<tr>
<th>Statement</th>
<th>Not at all</th>
<th>A little bit</th>
<th>Some what</th>
<th>Quite a bit</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>H&amp;N1 I am able to eat the foods that I like</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>H&amp;N2 My mouth is dry</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>H&amp;N3 I have trouble breathing</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>H&amp;N4 My voice has its usual quality and strength</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>H&amp;N5 I am able to eat as much food as I want</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>H&amp;N6 I am unhappy with how my face and neck look</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>H&amp;N7 I can swallow naturally and easily</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>H&amp;N8 I smoke cigarettes or other tobacco products</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>H&amp;N9 I drink alcohol (e.g. beer, wine, etc.)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>H&amp;N10 I am able to communicate with others</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>H&amp;N11 I can eat solid foods</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>H&amp;N12 I have pain in my mouth, throat or neck</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Any additional comments you would like to give about your health……………………
## ಸಂದರ್ಭ ತಾಜು ವಿವರಗಳು (ಕರ್ನಾಟಕ ಭಾಷೆ)

### ೧. ನ್ಯೂಜೆಂಡ್ ಕ್ರಿಯೆ (ನ್ಯೂಜೆಂಡ್ ಕ್ರಿಯೆ)

<table>
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<th>ನ್ಯೂಜೆಂಡ್ ಕ್ರಿಯೆ</th>
<th>ಪ್ರಚಾರ ಸಂಪಾದನೆ</th>
<th>ಹೆಸರು</th>
<th>ವಿದ್ಯಾರ್ಥಿಗಳು</th>
<th>ಪ್ರೋ ಅಂಕೆ</th>
<th>ಮುಖ್ಯ</th>
<th>ಮಧ್ಯಮ</th>
<th>ಕೆಂಪು</th>
<th>ಬಿದ್ದು/ಸಾಮಾನ್ಯ</th>
<th>ಪ್ರದೇಶ</th>
<th>ಕ್ರಿಯೆ</th>
<th>ಪ್ರದೇಶ</th>
<th>ಕ್ರಿಯೆ</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP1</td>
<td>ಸಂದರ್ಭ ತಾಜು ವಿವರಗಳು</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
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<td>0</td>
</tr>
<tr>
<td>GP2</td>
<td>ಸಂದರ್ಭ ತಾಜು ವಿವರಗಳು</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>GP3</td>
<td>ಸಂದರ್ಭ ತಾಜು ವಿವರಗಳು</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
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<tr>
<td>GP4</td>
<td>ಸಂದರ್ಭ ತಾಜು ವಿವರಗಳು</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tr>
<tr>
<td>GP5</td>
<td>ಸಂದರ್ಭ ತಾಜು ವಿವರಗಳು</td>
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<tr>
<td>GP6</td>
<td>ಸಂದರ್ಭ ತಾಜು ವಿವರಗಳು</td>
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<td>1</td>
<td>0</td>
<td>0</td>
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<td>0</td>
</tr>
<tr>
<td>GP7</td>
<td>ಸಂದರ್ಭ ತಾಜು ವಿವರಗಳು</td>
<td>0</td>
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<td>1</td>
<td>0</td>
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</tr>
</tbody>
</table>

### ೨. ಸಂದರ್ಭ ತಾಜು ವಿವರಗಳು (ಕರ್ನಾಟಕ ಭಾಷೆ)

<table>
<thead>
<tr>
<th>ಸಂದರ್ಭ ತಾಜು ವಿವರಗಳು</th>
<th>ಪ್ರಚಾರ ಸಂಪಾದನೆ</th>
<th>ಹೆಸರು</th>
<th>ವಿದ್ಯಾರ್ಥಿಗಳು</th>
<th>ಪ್ರೋ ಅಂಕೆ</th>
<th>ಮುಖ್ಯ</th>
<th>ಮಧ್ಯಮ</th>
<th>ಕೆಂಪು</th>
<th>ಬಿದ್ದು/ಸಾಮಾನ್ಯ</th>
<th>ಪ್ರದೇಶ</th>
<th>ಕ್ರಿಯೆ</th>
<th>ಪ್ರದೇಶ</th>
<th>ಕ್ರಿಯೆ</th>
</tr>
</thead>
<tbody>
<tr>
<td>GS1</td>
<td>ಸಂದರ್ಭ ತಾಜು ವಿವರಗಳು</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>GS2</td>
<td>ಸಂದರ್ಭ ತಾಜು ವಿವರಗಳು</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>GS3</td>
<td>ಸಂದರ್ಭ ತಾಜು ವಿವರಗಳು</td>
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<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
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<td>0</td>
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<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>GS4</td>
<td>ಸಂದರ್ಭ ತಾಜು ವಿವರಗಳು</td>
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<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>GS5</td>
<td>ಸಂದರ್ಭ ತಾಜು ವಿವರಗಳು</td>
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- ಸಂದರ್ಭ ತಾಜು ವಿವರಗಳು, ಪ್ರಚಾರ ಸಂಪಾದನೆ, ಹೆಸರು, ವಿದ್ಯಾರ್ಥಿಗಳು, ಪ್ರೋ ಅಂಕೆ, ಮುಖ್ಯ, ಮಧ್ಯಮ, ಕೆಂಪು, ಬಿದ್ದು/ಸಾಮಾನ್ಯ, ಪ್ರದೇಶ, ಕ್ರಿಯೆ, ಪ್ರದೇಶ, ಕ್ರಿಯೆ.
## GS7

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## GE1

|       | 0 | 0 | 0 | 0 | 0 |

## GE2

|       | 0 | 0 | 0 | 0 | 0 |

## GE3

|       | 0 | 0 | 0 | 0 | 0 |

## GE4

|       | 0 | 0 | 0 | 0 | 0 |

## GE5

|       | 0 | 0 | 0 | 0 | 0 |

## GE6

|       | 0 | 0 | 0 | 0 | 0 |

## GF1

|       | 0 | 0 | 0 | 0 | 0 |

## GF2

|       | 0 | 0 | 0 | 0 | 0 |

## GF3

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## GF4

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## GF5

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## GF6

|       | 0 | 0 | 0 | 0 | 0 |

## GF7

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ಪ್ರಸ್ತುತ ಪ್ರಖ್ಯಾತಿ ವಿದ್ಯಾ ಸೇವೆ ಮುಂದೆಗೆ ಮಾದರಿ ಎದುರಿಸುವುದಿರುತ್ತದೆ.............................