

This is a **Sample** version of the
**Head and Neck Quality of Life
instrument (HNQOL)**

The **full version** of the Head and Neck Quality of Life instrument (HNQOL) comes without 'sample' watermark.

The full complete 13 page version includes –

- HNQOL Overview information
- HNQOL Scoring/ Administration instructions
- HNQOL Complete Questionnaire/
Assessment
- HNQOL Clinical Validity

Buy full version here -  for \$7.00

Once you have paid for your item you will receive a direct link to download your full complete e-book instantly. You will also receive an email with a link to download your e-book. Each purchased product you order is available to download for 24 hours from time of purchase. Should you have any problems or inquiries please contact - info@agedcaretests.com

To see more assessments tests and scales go to - www.agedcaretests.com

Clinical Predictors of Quality of Life in Patients With Head and Neck Cancer

Jeffrey E. Terrell, MD; David L. Ronis, PhD; Karen E. Fowler, MPH; Carol R. Bradford, MD; Douglas B. Chepeha, MD; Mark E. Prince, MD; Theodoros N. Teknos, MD; Gregory T. Wolf, MD; Sonia A. Duffy, PhD, RN

Objective: To identify clinical predictors of quality of life (QoL) in a head and neck cancer patient population.

Design, Patients, and Setting: A convenience sample of 570 patients with upper aerodigestive tract cancers were surveyed at a tertiary care oncology clinic and Veterans Affairs otolaryngology clinic.

Interventions: A self-administered health survey was constructed to collect demographic, health, smoking, alcohol, depression symptom, and QoL information. Tumor site and tumor stage, clinical, and treatment data were abstracted from the patient medical records.

Main Outcome Measures: Quality of life was assessed using the Medical Outcomes Study Short-Form 36-Item Health Survey (SF-36) and the Head and Neck QoL (HNQoL) instrument.

Results: Of the 570 eligible respondents, the presence of a feeding tube had the most negative impact on QoL, with significant decrements in 6 of the 8 SF-36 scales and all 4 HNQoL scales ($P < .01$). In descending order of severity, medical comorbid conditions, presence of a tracheotomy tube, chemotherapy, and neck dissection were also associated with significant ($P < .05$) decrements in QoL domains. Patients who took the survey more than 1 year after diagnosis had improved QoL in 7 of 12 domains. Hospital site, age, education level, sex, race, and marital status were also significant predictors of QoL.

Conclusion: There are at least 13 demographic and clinical characteristics that are significant predictors of QoL in patients with head and neck cancer, which should be considered when treating patients and conducting QoL studies in the future.

Arch Otolaryngol Head Neck Surg. 2004;130:401-408

R ESEARCH ON TREATMENT decision making has suggested that patients frequently make treatment decisions based on probability of survival. However, when 2 different treatment modalities have similar survival rates, quality of life (QoL) factors are important considerations for patients. In head and neck cancer treatment, QoL issues and assessment of QoL outcomes are especially important for patients and their caregivers because of the potential impact on important functions such as speech, swallowing, and breathing, as well as cosmesis and communication.

The body of research on QoL issues in head and neck cancer is growing rapidly. Multiple studies have evaluated predictors of QoL in a cross section of patients who have primary cancers at a particular site or treated by a particular modality or modalities. Very few of the clinical studies that include QoL measures in-

clude more than 100 patients—probably related to the burden of collecting such large quantities of data. Unfortunately, small sample sizes make QoL analysis difficult: the numerous potential predictors of QoL necessitate larger sample sizes to control for all of the potential confounding variables.

Typically, researchers have studied a variety of predictors of QoL including tumor characteristics, clinical characteristics, treatments, health behaviors (eg, alcohol use or smoking), and demographics. Tumor characteristics such as site and stage,^{1,2} as well as surgical,³⁻⁵ radiotherapeutic,^{1,6,7} and chemotherapy treatment modalities^{5,7} and number of modalities,⁸ are associated with QoL. Notably, primary site surgery has been shown to affect speech, swallowing, and cosmesis, and radiation therapy predominantly affects swallowing and taste. Multiple authors have noted that neck dissection is a predictor of physical functioning and bodily pain.⁹⁻¹² Comorbid-

From the Department of Otolaryngology, University of Michigan (Drs Terrell, Bradford, Chepeha, Prince, Teknos, Wolf, and Duffy); Ann Arbor Veterans Affairs Hospital, Center of Practice Management and Outcomes Research (Drs Terrell, Ronis, and Duffy, and Ms Fowler), Ann Arbor, Mich. The authors have no relevant financial interest in this article.

**This is the end of the SAMPLE HNQOL clinical validity.
Please return to page 1 to purchase complete version.**

Head and Neck Quality of Life (HNQoL) Instrument

Scoring:

The Head and Neck Quality of Life (HNQoL) instrument is a multiple-domain, disease-specific QoL instrument for head and neck cancer patients. It is a concise, reliable, and comprehensive instrument for the assessment of head and neck cancer-specific QoL.

The HNQoL instrument includes 20 items scored on a 5-point rating scale ranging from: 0- not at all, 1- slightly, 2- Moderately, 3- a lot, 4- Extremely.

The HNQoL 20 items are grouped into 4 domains: (1) eating and swallowing; (2) communication; (3) head and neck pain; and (4) emotional well-being. The table below show

HNQoL Domains	HNQoL Question #	Domain Score Range.
Eating and swallowing	5, 6, 7, 8, 9,	0 - 20
Communication		
Head and neck pain		

This is the end of the SAMPLE HNQoL Scoring/administration instructions. Please return to page 1 to purchase complete version.

Head and Neck Quality of Life (HNQoL) Instrument

INSTRUCTIONS: This survey is designed to assess how much you are bothered by your Head and Neck condition and/or treatment. Please answer every question by marking one box. If you are unsure about how to answer, please give the best answer you can.

As a result of your head and neck condition or treatment, over the past FOUR WEEKS how much have you been BOTHERED by your...

	Not at all	Slightly	Moderately	A lot	Extremely
1. Ability to talk to other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ability to talk on the phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As a result of your head and neck condition or treatment, over the past FOUR WEEKS how much have you been BOTHERED by problems with...

	Not at all	Slightly	Moderately	A lot	Extremely
3. Volume of your voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Clarity of your voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**This is the end of the SAMPLE HNQOL questionnaire.
Please return to page 1 to purchase complete version.**