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Appendix 1-The first page of the PCI HaNC-PT as used in telephone follow-up consultations

Head and Neck

Patient Concerns Inventory [PCI]

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Patient Number: _____

Date: _____

PCI

Please choose from the list of those issues you would specifically like to talk about in your consultation in clinic today. You can choose more than one option (tick boxes).

Physical and functional well-being:

- Activity
- Appetite
- Bowel habit
- Breathing
- Chewing/eating
- Coughing
- Dental health/teeth
- Dry mouth
- Energy levels
- Fatigue/tiredness
- Hearing
- Indigestion
- Mobility
- Mouth opening
- Mucus
- Nausea
- Pain in the head and neck
- Pain elsewhere
- Regurgitation
- Salivation

- Sore mouth
- Swallowing
- Swelling
- Taste
- Vomiting/sickness
- Weight

Treatment related:

- Cancer treatment
- Regret about treatment
- PEG tube
- Wound healing

Social care and social well-being:

- Carer
- Dependants/children
- Financial benefits
- Home care/District nurse
- Lifestyle issues (smoking/alcohol)
- Recreation
- Relationships

Psychological, emotional and spiritual well-being:

- Appearance
- Angry
- Anxiety
- Coping
- Depression
- Fear of the cancer coming back
- Fear of adverse events
- Intimacy
- Memory
- Mood
- Self-esteem
- Sexuality
- Spiritual/religious aspects
- Personality and temperament

Others (please state):

- Shoulder
- Sleeping
- Smell

- Speech/voice/being understood
- Support for my family

Overall quality of life includes not only physical and mental health, but also many other factors, such as family, friends, spirituality, or personal leisure activities that are important to your enjoyment of life. Considering everything in your life that contributes to your personal well-being, rate your **overall quality of life** during the past 7 days. (Tick one box:)

- Outstanding
- Very good
- Good
- Fair
- Poor
- Very poor