Mouth Dryness (Xerostomia) Questionnaire

Study ID#: \_\_\_\_\_

Please rate how severe the following symptoms have been in the past week by filling in the circle below from 0 (symptom not present) to 10 (symptom was as bad as you could imagine).

As bad as you can imagine

Not present

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 1. Rate your difficulty in talking due to dryness |  |  |  |  |  |  |  |  |  |  |  |
| 2. Rate your difficulty in chewing due to dryness |  |  |  |  |  |  |  |  |  |  |  |
| 3. Rate your difficulty in swallowing solid food due to dryness |  |  |  |  |  |  |  |  |  |  |  |
| 4. Rate the frequency of your sleeping problems due to dryness |  |  |  |  |  |  |  |  |  |  |  |
| 5. Rate your mouth or throat dryness when eating food |  |  |  |  |  |  |  |  |  |  |  |
| 6. Rate your mouth or throat dryness while not eating |  |  |  |  |  |  |  |  |  |  |  |
| 7. Rate the frequency of sipping liquids to aid swallowing food |  |  |  |  |  |  |  |  |  |  |  |
| 8. Rate the frequency of sipping liquids for oral comfort when not eating |  |  |  |  |  |  |  |  |  |  |  |

Source: Eisbruch et al. Xerostomia and its predictors following parotid-sparing irradiation of head-and-neck cancer. *Int J Radiat Oncol Biol Phys*. 2001;50(3):695-704.