Title of measure:
Performance Status Scale for Head & Neck Cancer Patients (PSS-HN)

This summary was last revised 17 June 2010.

DISCLAIMER:
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Brief overview:
The PSS-HN was designed to evaluate performance in areas of functioning most likely affected by head and neck cancer and its treatment, specifically Normalcy of Diet, Eating in Public, and Understandability of Speech (1). It is a clinician rated instrument where each subscale is rated from 0 to 100, with higher scores indicating better performance. The PSS-HN has been shown to discriminate levels of functioning across the broad spectrum of Head and Neck Cancers, and has demonstrated good inter-rater reliability as well as sensitivity to differences in performance and change over time (1-4).

Validated (yes/no):
Yes (1-4).

Psychometric properties and references:
Inter-rater reliability was demonstrated by a comparison of ratings by untrained clinic staff against those of research personnel. Kappa statistics testing inter-rater agreement between members of the research team ranged from high to moderate across the three subscales, indicating that the PSS-HN can be used reliably by different users (1). The discriminant validity of the PSS-HN has been demonstrated through its ability to significantly differentiate patients grouped according to overall performance status (Karnofsky), or treatment modality (e.g. surgery, radiation, chemotherapy) (1-3). In addition, the PSS-HN was also shown to be sensitive to differences in performance and functioning over time (2) The three subscales of the PSS-HN correlate significantly with each other, as well as with the Karnofsky and the Head and Neck subscale of the FACT-HN (2-3).

The PSS-HN is a Head and Neck Cancer (HNC) specific measure that allows for the assessment of the unique functional impairments of HNC patients. It has the ability to discriminate levels of performance and functioning across groups, and is a reliable, valid, and easily administered tool.

Normative data:
None available.
Clinically significant changes:
Previous work has suggested that ≤ 50 represents moderate to severe impairment \(^1,^3,^5\). Therefore, good performance for each subscale may be defined as > 50.

Website or how to register to use:
Contact Marcy A. List, PhD at:
mlist@medicine.bsd.uchicago.edu

List any fees for usage:
None

Languages available:
Dutch
French (Canada)
French (France, Belgium)
German
Italian
Latvian
Lithuanian
Russian
Spanish (Mexico)
Spanish (Spain)
Swedish
Ukrainian

Instructions for CRAs and or credentialing for administration:
These performance scales may be rated by health professionals (e.g., physicians, nurses, nutritionists) or other personnel (e.g., clerks, data managers). Ratings are determined through use of an unstructured interview format. Please refer to section L (scoring of instrument) for further instructions on administration of each subscale.

Time to administer instrument:
Five minutes (or less)

Quality assurance for administration (if needed):
None.

Scoring of instrument:

Normalcy of Diet
Begin by asking the patient what kinds of foods (s)he has been eating. Ask what foods are difficult to eat. Based on the patient's response, choose an item at the low end of the scale. Move up the scale giving examples of foods in each category and asking the patient if (s)he is eating those food items. Even if the patient says that (s)he eats everything, inquire about specific items beginning with 50, soft chewable foods and moving upwards. Stop at the
item at, and above which the patient cannot eat. The patient then receives the score below that. If the patient indicates that (s)he is eating a full diet, also inquire whether (s)he needs to drink more liquids than usual with meals; eating a full diet with intake of extra fluids is scored 90.

If the patient can take foods orally, but is also using a feeding tube, score based on solid food intake and check the box provided. Also use this guideline when rating patients who can eat some foods but cannot take oral liquid.

**Public Eating**
Score the Public Eating scale by asking the patient where (s)he eats (in a restaurant, at home, at friends/relatives' homes, etc.) and with whom (s)he eats (always alone, with family/friends, etc). Ask patient if (s)he chooses different foods (softer, less messy, etc.) when eating with others. When was the last time the patient ate in a restaurant, cafeteria, MacDonald's, picnic, family reunion? Choose the score beside the description that best fits the patient. A patient on a restricted diet, (e.g., tube feeding, pureed foods) who does not eat in public but will join others in a public eating setting should be rated 75. Score 999 for inpatients.

**Understandability of Speech**
This scale is scored based on the interviewer's ability to understand the patient during conversation (in this case, based on conversation about patient's diet and social activities). Choose the score beside the description that best fits the patient. See if you can understand the patient if you are looking away while (s)he is talking.

*Special Considerations for Inpatients:* Administration of the PSS-HN varies somewhat for inpatients. Score the Normalcy of Diet and Understandability of Speech Scale as indicated. The Eating in Public Scale is not applicable as inpatients generally have little opportunity to eat with others or leave their hospital rooms. Inpatients receive a score of 999 on the Eating in Public Scale.

**References:**


- **Actual instrument:**
PERFORMANCE STATUS SCALE FOR
HEAD AND NECK CANCER PATIENTS: PSS-HN

5. a) NORMALCY OF DIET /__/__/__/
   - 100 Full diet (no restrictions)
   - 90 Full diet (liquid assist)
   - 80 All meat
   - 70 Raw carrots, celery

   Dry bread and crackers
   Eats only in presence of selected
   - 50 Soft chewable foods (e.g., macaroni, canned/soft fruits, cooked vegetables, fish, hamburger, small pieces of meat)

   Soft foods requiring no chewing
   - (e.g., mashed potatoes, apple sauce, pudding)

   Inpatient
   Pureed foods (in blender)
   - 20 Warm liquids

   Cold liquids
   Always understandable
   Non-oral feeding (tube fed)
   - Understandable most of the time;
   b) Check if patient cannot take liquids orally /__

6. a) DENTITION /__/__/
   - 1=Dentures
   - 2=Teeth
   - 3=Combination
   - 4=None
   - Difficult to understand

   b) How usable? /__/ 0=no, 1=yes, 2=somewhat Understandable most of the time; Never understandable; may use written communication

7. a) Does patient have FEEDING TUBE? /__/ 0=no, 1=yes
   b) Use of feeding tube /__/ 0=none, 1=liquids only
   - 2=supplements oral intake
   - 3=sole source of nutrition
   - 4=not currently being used

   c) Number of cans per day /__/__/

8. PUBLIC EATING /__/__/__/
   - 100 No restriction of place, food or companion (eats out at any opportunity)
   - 90 Full diet (liquid assist)
   - 80 All meat
   - 70 Raw carrots, celery

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   - 100 Full diet (no restrictions)
   - 90 Full diet (liquid assist)
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   b) Use of feeding tube /__/ 0=none, 1=liquids only
   - 2=supplements oral intake
   - 3=sole source of nutrition
   - 4=not currently being used

   c) Number of cans per day /__/__/

10. /__/ Does the patient have a TRACHEOSTOMY? 0=no, 1=yes