Suggestions 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.

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.

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.
# PERFORMANCE STATUS SCALE FOR
# HEAD AND NECK CANCER PATIENTS: PSS-HN

<table>
<thead>
<tr>
<th>Patient Name ____________________</th>
<th>ID# /<strong>/</strong>/ / / / / Date /<strong>/</strong>/<strong>/</strong>/<strong>/</strong>/</th>
</tr>
</thead>
</table>

## NORMALCY OF DIET /__/__/__/
- **100** Full diet (no restrictions)
- **90** Full diet (liquid assist)
- **80** All meat
- **70** Raw carrots, celery
- **60** Dry bread and crackers
- **50** Soft chewable foods (e.g., macaroni, canned/soft fruits, cooked vegetables, fish, hamburger, small pieces of meat)
- **40** Soft foods requiring no chewing (e.g., mashed potatoes, apple sauce, pudding)
- **30** Pureed foods (in blender)
- **20** Warm liquids
- **10** Cold liquids
- **0** Non-oral feeding (tube fed)

## PUBLIC EATING /__/__/__/
- **100** No restriction of place, food or companion (eats out at any opportunity)
- **75** No restriction of place, but restricts diet when in public (eats anywhere, but may limit intake to less "messy" foods (e.g., liquids)
- **50** Eats only in presence of selected persons in selected places
- **25** Eats only at home in presence of selected persons
- **0** Always eats alone
- **999** Inpatient

## UNDERSTANDABILITY OF SPEECH /__/__/__/
- **100** Always understandable
- **75** Understandable most of the time; occasional repetition necessary
- **50** Usually understandable; face-to-face contact necessary
- **25** Difficult to understand
- **0** Never understandable; may use written communication

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