

# HEAD AND NECK CANCER SURVIVORSHIP CARE VISIT CHECKLIST

Here is a checklist to help you talk with your doctor. You should ask about the treatments you had and their possible effects as well as any other issues you may be experiencing. These issues may not all be relevant to you. If you are unsure of what treatments you had or what symptoms to watch out for, ask your doctor.

### When you talk with your doctor, you should discuss:

- Your survivorship care plan
- Care coordination and communication with cancer treatment team and primary care provider
- Screening or watching for recurrence or new cancers
- Looking out for and managing physical, emotional and social effects
- Getting referrals to medical rehabilitation care (e.g., physical or occupational therapy), mental health care or palliative care (symptom management) as needed
- Information about healthy behaviors

Some of these issues affect many patients, some affect very few. The icons below correspond to prevalence, or how many patients report having each of the symptoms:



**High:** 50% or more of patients report experiencing this symptom



**Mid:** 21-49% of patients report experiencing this symptom



**Low-High:** A wide range of patients (from 20% or fewer to 50% or more) report experiencing this symptom



**Low-Mid:** 20%-49% of patients report experiencing this symptom



**Low:** 20% or fewer patients report experiencing this symptom



**Unknown:** Data not available

### Blood Vessel Health











- Hot flushes/sweats (due to chemotherapy)





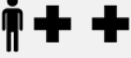
### Musculoskeletal and Neuromuscular

- Spinal accessory nerve palsy (can include diminished muscle mass, muscle twitching, partial paralysis of some neck muscles, asymmetric neckline, and/or drooping shoulder)
- Cervical dystonia (painful involuntary contraction of the neck muscles)








<input type="checkbox"/> Muscle spasms	
<input type="checkbox"/> Neuropathies (tingling, pain, numbness, or weakness)	
<input type="checkbox"/> Shoulder pain and dysfunction	
<input type="checkbox"/> Trismus (spasm of the jaw muscles, causing the mouth to remain tightly closed)	
<input type="checkbox"/> Sensory ataxia (loss of coordination)	
<input type="checkbox"/> Gait dysfunction (change in your normal walking pattern)	
<input type="checkbox"/> Cardiac abnormality, cardiomyopathy (pain in chest, abnormal heart rate, shortness of breath, swollen legs and feet)	
<input type="checkbox"/> Brachial plexopathy (numbness, pain, tingling, burning or weakness in the shoulder, arm, hand or wrist)	
<input type="checkbox"/> Cervical radiculopathy (irritation of cervical spine nerves)	
<input type="checkbox"/> Impaired neck motion, pain	

### Distress, Depression and Anxiety



<input type="checkbox"/> Distress (combination of mental, social and/or spiritual distress)	
<input type="checkbox"/> Anxiety*, stress, or worry	
<input type="checkbox"/> Depression	

### Swallowing, Taste and Reflux

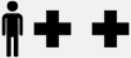
<input type="checkbox"/> Dysphagia (difficulty swallowing)	
<input type="checkbox"/> Aspiration	
<input type="checkbox"/> Stricture (narrowing of the pharynx and/or esophagus)	
<input type="checkbox"/> Altered or loss of taste	

Gastroesophageal reflux disease (acid reflux) 


### Hearing and Balance

Hearing loss   
 Vertigo or vestibular neuropathy (dizziness, loss of balance, nausea, vomiting) 



### Thyroid

Hypothyroidism (fatigue, cold intolerance, sleepiness, muscle weakness, constipation, overweight, pale appearance, coarse or thick skin, increased body hair, irregular menstrual cycle) 


### Lymphatic System

Lymphedema (swelling inside or outside of face, neck or chest; pain, discomfort) 

### Speech or Voice

Changes in speech or voice   
 Dysarthria (slurred or slow speech that can be hard to understand) 



### Pulmonary

Pulmonary fibrosis (shortness of breath, especially with exercise; dry, hacking cough) 

### Skin

Radiation dermatitis (skin irritation caused by radiation therapy) 

### Vision

Early cataracts   
 Sight issues 

### Heart Health

Cholesterol elevation 

<input type="checkbox"/> Increased risk of cardiovascular disease	?
<input type="checkbox"/> Increased triglycerides	?
<input type="checkbox"/> Baroreceptor failure (fatigue, dizziness)	?

### Dental/Oral Health

<input type="checkbox"/> Caries (tooth decay or cavities)	?
<input type="checkbox"/> Periodontitis (inflammation and shrinkage of gums; loose teeth)	?
<input type="checkbox"/> Xerostomia (dry mouth)	?
<input type="checkbox"/> Osteonecrosis (may be symptom free, pain or bone is visible in mouth)	?
<input type="checkbox"/> Oral infections or candidiasis (white patches on tongue or inner cheeks, pain, bad breath, redness)	?

### Cognitive Health

<input type="checkbox"/> Cognitive problems (e.g., difficulties with mental tasks such as thinking, remembering, or reasoning)	?
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### Fatigue

<input type="checkbox"/> Fatigue/decreased activity	?
<input type="checkbox"/> Sleep disturbance or sleep apnea (snoring loudly, feeling tired during the day after a full night of sleep)	?







### Fracture Risk/Osteoporosis

<input type="checkbox"/> Accelerated bone loss/osteoporosis (weak/brittle bones that may cause bone pain)	?
<input type="checkbox"/> Increased risk of fracture	?

### Metabolism

<input type="checkbox"/> Anemia (fatigue, pale skin, shortness of breath, dizziness, fast heartbeat)	
<input type="checkbox"/> Body hair loss	
<input type="checkbox"/> Decline in lean muscle mass/muscle wasting	
<input type="checkbox"/> Decreased sensitivity to insulin and oral glycemc agents/diabetes	
<input type="checkbox"/> Dry eyes	
<input type="checkbox"/> Increased high-density lipoprotein levels/high cholesterol	
<input type="checkbox"/> Metabolic syndrome (e.g., heart disease, high blood pressure, high blood sugar, high cholesterol, weight gain/overweight)	
<input type="checkbox"/> Subcutaneous rather than visceral fat accumulation (fat around the organs rather than under the skin)	
<input type="checkbox"/> Venous thromboembolism (e.g., blood clots from deep vein thrombosis or pulmonary embolism)	
<input type="checkbox"/> Vertigo (e.g., dizziness, feeling of spinning)	
<input type="checkbox"/> Weight gain/abdominal obesity/increased fat mass	

### Emotional and Social Health

<input type="checkbox"/> Challenges with body image (secondary to surgery, laryngectomy, radiation)	
<input type="checkbox"/> Challenges with self-image	
<input type="checkbox"/> Changes in sexual function and/or desire	
<input type="checkbox"/> End-of-life concerns: death and dying	
<input type="checkbox"/> Fear of recurrence	
<input type="checkbox"/> Fear of pain	

Relationship and other social role difficulties



Return to work concerns and financial challenges



\*Prevalence is listed for cancer survivors in general; not just head and neck cancer survivors

View the American Cancer Society Head and Neck Cancer Survivorship Care Guideline at: [bit.ly/acshadneck](https://bit.ly/acshadneck)