

Filling of the A form should be performed at the patient's first visit, based on the brought examination reports and questioning.

Beside the A form, filling the QoL questionnaires are necessary!

Register-PC ID:
Doctor:
Blood sample code:
Saliva sample code:
Hystological sample code:

1. Personal data

Health insurance number:

Name:

Date of birth:

Sex: Male / Female

Highest level of education: did not participate at any education/ nursery/ 1st grade/ 2nd grade/ 3rd grade/ 4th grade/ 5th grade/ 6th grade/ 7th grade/ 8th grade/ 9th grade/ 10th grade/ 11th grade/ 12th grade, without graduation/ 12th grade, with graduation/ Commenced college or university, without diploma/ Qualification/ College diploma or Bachelor's degree (ex.: Ba, Ab, Bs, Bba)/ Master's degree (ex.: Ma, Ms, Meng, Med, Mba)/ University degree with doctoral title (ex.: medical doctor, dentist, veterinarian, lawyer)/ Doctoral degree (ex. Phd)/ Don't want to answer/ Don't know

Occupation: Full time job/ Part-time job/ Self-employed/ Unemployed, but looking for a job → for how long:..... / Unemployed, but not looking for a job → for how long:..... / Housekeeper/ Student/ Soldier/ Pensioner → for how long:..... / Unable to work → for how long:....

Race: white – black - Asian/ Indian - unknown

Date of the current visit:

Location of the current visit: Univ. Pécs ENT Clinic/ Other:

2. Anamnesis

Alcohol consumption: currently: yes/ no

If yes, the frequency: occasionally/ monthly/ weekly/ daily

Quantity (g/ day):

For how long (years):

The consumed quantity of alcohol in the last two weeks:

If no, earlier? Yes/ no/ no data

If yes, the frequency? occasionally/ monthly/ weekly/ daily

Quantity (g/ day):

For how many years?

For how long did You stop the alcohol consumption?

Quantity guide:

1 dl beer (4.5 vol. %) = ~3.5 g alcohol

1 dl wine (12.5 vol. %) = ~10 g alcohol

1 dl spirit (50 vol. %) = ~40 g alcohol

Mouthwash: Yes/ no

If yes, for how long: for months, how many months? / for years, how many years?....

Which type? natural mouthwash/ with fluoride/ with chlorhexidine gluconate

How often? Few times a day/ once a day/ weekly/ occasionally/ rarely

Smoking: currently: yes/ no

If yes, quantity (cigarette/ day):

For how many years?

If no, earlier? Yes/ no/ no data

Quantity (cigarette/ day):

For how many years?

For how long did You stop smoking?

Use of E-cigarette currently: yes/ no

If yes, for how long (years)?

Frequency: daily/ weekly/ monthly/ less frequently

With smoking/ Only use of e-cigarette

The purpose of the use of the e-cigarette is to quit smoking? Yes/ no

If no, use of e-cigarette earlier? Yes/ no/ no data

If yes, for how long (years)?

The purpose of the use of the e-cigarette is to quit smoking? Yes/ no

Pipe-smoking, cigar: currently Yes/ no

If yes, for how long (years)?

Frequency: daily/ weekly/ monthly/ less frequently

Quantity:

If no, earlier? Yes/ no/ no data

If yes, for how long (years)?

For how long did he/ she quit?

New smoking habits: currently: yes/ no

If yes, the type (**multiple choice**): snus/ iqos/ other:

For how long (years)?

Quantity (/ day)

Frequency: daily/ weekly/ occasionally/ rarely

The purpose of the use is to quit smoking? Yes/ no

If no, earlier? Yes/ no/ no data

If yes, for how long (years)?

Quantity (/day):

For how long did he/ she quit?

Caffeine consumption: yes/ no

If yes, in what form does he/ she consume caffeine?

Currently: yes / no

If yes, frequency: daily/ weekly/ monthly/ occasionally

Quantity:

(1 dose= one espresso or long coffee)

Instant coffee consumption currently: yes/ no

If yes, frequency: daily/ weekly/ monthly/ occasionally

Quantity:

(1 dose= 1 packet)

Tee (black or green) consumption, currently: yes/ no

If yes, frequency: daily/ weekly/ monthly/ occasionally

Quantity:

(1 dose= 2 dl)

Energy drink consumption currently: yes/ no

If yes, frequency: daily/ weekly/ monthly/ occasionally

Quantity:

(1 dose= 1 can or 2.5 dl)

Fizzy, sweetened drink consumption: currently: yes/ no

If yes, frequency: daily/ weekly/ monthly/ occasionally

Quantity:

(1 dose= 1 can or 3.3 dl)

Caffeine tablette consumption currently: yes/ no

If yes, frequency: daily/ weekly/ monthly/ occasionally

Quantity:

(1 dose= one piece of 100 mg tablette)

Drug use earlier or currently: yes/ no

If yes, what kind of drug?

Party drugs (pl. Amphetamine, Ecstasy, Gina, Mefedrone): yes/ no

If yes, quantity:For how many years?.....

Light drugs (LSD, Marihuana, Hasis): yes/ no

If yes, quantity:For how many years?.....

Hard drugs (Crack, Heroin, Cocaine, Opium): yes/ no

If yes, quantity:For how many years?.....

Medical drugs (Diazepam, Ketamine, Codeine): yes/ no

If yes, quantity:For how many years?.....

Designer drugs (Mefedron, synthetic cannabinoids): yes/ no

If yes, quantity:For how many years?.....

Heavy metal, organic solvent exposition: yes/ no

If yes, what kind of agent?

Currently? Yes/ no

For how long?

Physical activity: none / occasionally / regularly / intensely

None: no exercise or exercise for < 3 hours/week for < 2 years

Occasionally: < 3 hours/week for >= 2 years

Regularly: > 3 hours/week for >= 2 years

Intensely: > 7 hours/week for >= 2 years

Diet: yes / no

if yes (**multiple choice**): diabetic / gluten-free / vegetarian / paleolit / lactose-free / other:.....

Frequent consumption of hot drinks: yes/ no/ no data

Consumption of potable water containing nitrate: yes/ no/ no data

Consumption of marinated, grilled meat: yes/ no/ no data

GERD in the anamnesis: yes/ no/ no data

If yes, for how long (years) ?

Diabetes: yes / no

If yes, the type: type I./ type II./ type III.c/ MODY 4

For how long (years)?

Lipid metabolism disorder: yes/ no

For how long (years)?

Regularly used medication:

Name of the drug:

Active agent:

Dose (just number)

Unit: g/ mg/ UI

In case of liquid, concentration (ex: 10%, 1g/2ml):

Daily frequency (ex. 3)

Administration: p.o./ i.v./ s.c./

Other comment:

Sex life

When did You commence your sex life? Below 17 years old/ Above 17 years old

Currently, are You in a longtime relationship? Yes/ no

Sexual orientation: heterosexual/ bisexual/ homosexual/ other:....

The number of sex partners in the last 5 years?

0 1 2-5 6-10 11 or more

The number of sex partners in the last 10 years?

0 1 2-5 6-10 11-50 51 or more

The total number of sex partners?

0 1 2-10 11-50 50-100 100 or more

Oral sex:

never passive active passive and active

The number of oral sex partners in the last 5 years?

0 1 2-5 6-10 11 or more

The number of oral sex partners in the last 10 years?

0 1 2-5 6-10 11-50 51 or more

The total number of oral sex partners?

0 1 2-10 11-50 50-100 100 or more

Anal sex:

never passive active passive and active

The number of anal sex partners in the last 5 years?

0 1 2-5 6-10 11 or more

The number of anal sex partners in the last 10 years?

0 1 2-5 6-10 11-50 51 or more

The total number of anal sex partners?

0 1 2-10 11-50 50-100 100 or more

Did You encounter bleeding during sexual intercourse? Yes/ no

If yes, where?

Use of condom: never/ in case of a new partner, in the beginning/ randomly/ always

Did You ever have STD? No/ yes, had before/ yes, right now

Which of following ones? (multiple choice)

Mycoplasma/ ureaplasma/ trichomonas/ Neisseria/ gardnerella/ chlamydia/ herpes/ HIV/ hepatitis B/C/ syphilis

Did You get vaccinated for HPV? yes, date: no

Which type of vaccine?

Two component (HPV 16,18: Cervarix, GSK)

Four component (HPV 6,11,16,18: Silgard MSD)

Nine component (HPV 6,11,16,18,31,33,45,52,58: Gardasil 9, MSD)

Until now, how many vaccines did You have?

1 2 3 4 5 6

Did/ Do You have confirmed HPV infection? Yes/ no

If yes, when was it diagnosed? Less than 3 months/ 3-6 months/ 6 months- 1 year/ 1-2 years / more than 2 years ago

Where was the sample taken from, which confirmed the HPV infection? Cervix/ wall of the vagina/ anal opening/ urethra/ glans penis/ oral cavity- throat/ larynx/ other

What HPV type? no data/ high risk/ low risk

Did/ Do You have any epithelial proliferation (wart/papilloma/ condyloma in the oral cavity or around the lips)? Yes/ no

Did/ Do You have any epithelial proliferation (wart/papilloma/ condyloma) on the genitals or around the anal opening? Yes/ no

Did/ Do You have any malignant tumor on the genitals, cervix, around the anal opening? Yes/ no

Did any of your partner have any malignant tumor or precancerous lesion on the genitals, cervix, rectum, requiring surgery? Yes/ no

If yes, when?

Did any of your partner had confirmed HPV infection? Yes/ no

If yes, when?

How do You consider your level of stress (anxiety, nervousness, tiredness, tenseness, exhaustion) in the last 10 years, on a scale 1-5 (1: calm, no stress in the past 10 years; 5: really tense, anxious, nervous, exhausted in the past 10 years)

1 2 3 4 5

3. Comorbidities

Myocardial infarct

Yes/ no

If yes, when (year)?

Congestive heart failure (diagnosed heart failure, EF under 40% or cardiomyopathy, symptoms are not enough)

Yes/ no

If yes, since when (year)?

Peripheral vascular disease (confirmed atherosclerosis, lower extremity arteriopathy disease, confirmed atherosclerotic plaque of the big vessels, aorta aneurysm or dissection, thrombangitis obliterans B rger, intravascular prosthesis, earlier angioplasty, stent insertion or vessel reconstruction, vessel graft implantation)

Yes/ no

If yes, since when (year)?

Cerebrovascular disease (TIA, stroke, non-traumatic intracranial bleeding, hypertensive or vascular encephalopathy, sinus thrombosis, cerebral vasculitis)

Yes/ no

If yes, when (year)?

Dementia (any dementia, including the alcohol induced neurodegenerative complications)

Yes/ no

If yes, since when (year)?

Chronic pulmonary disease (COPD, chr. bronchitis, asthma bronchial, bronchiectasis, silicosis, pulmonary fibrosis)

Yes/ no

If yes, since when (year)?

Rheumatoid disease (Rheumatoid arthritis, Sj gren syndrome, spondylitis ankylopoietica etc.)

Yes/ no

If yes, since when (year)?

Mild liver disease (chr. hepatitis, steatosis hepatis, Child-Pugh A cirrhosis, NAFLD, liver transplantation, liver cyst and hemangioma are not included here)

Yes/ no

If yes, since when (year)?

Intermediary/ severe liver disease (esophageal varix, stomach varix, any kind of liver failure, portal hypertension, Child-Pugh B, C cirrhosis)

Yes/ no

If yes, since when (year)?

DM without chr. complications (1, 2 or other type, DKA or HHS, gestational diabetes not included here)

Yes/ no

If yes, since when (year)?

DM with chr. Microvascular complication (nephropathy, diabetic foot, eye involvement or neuropathy)

Yes/ no

If yes, since when (year)?

Hemiplegia (mono-, hemi, para, di-, tetraplegia or paresis, regardless of the etiology)

Yes/ no

If yes, since when (year)?

Renal disease (chr. glomerulonephritis, RPGN, chr. renal failure, uremia, dialysis, diabetic nephropathy and acute, reversible renal failure are not included here)

Yes/ no

If yes, since when (year)?

Malignant tumors (any tumor, except the non- melanocyter skin tumors: basalioma, planocellular cc.; also in the case of surgical excision)

Yes/ no

What kind of malignancy?

If yes, since when (year)?

Metastatic solid tumor (lymphomas, leukemia not included)

Yes/ no

If yes, since when (year)?

AIDS/HIV (beside the infection, the presence of chr. complications are needed)

Yes/ no

If yes, since when (year)?

Other infectious disease:

Epstein-Barr virus: Yes/ no

If yes, when (year)?

Herpes simplex virus Yes/ no

If yes, since when (year)?

Varicella Zoster virus: Yes/ no
If yes, since when (year)?
Cytomegalovirus (CMV): Yes/ no
If yes, since when (year)?
Other:

Other disease: Yes/ no
If yes, what?
If yes, since when (year)?

4. Physical status

Mouth opening unimpeded, painless, the movement of the mandible not limited: yes/ no
Oral cavity: intact, cared for / deficient / neglected, rotten denture/ complete tooth loss/ upper and lower prosthesis/ teeth residue at

Tongue: stuck out no deviation, no palpable suspicious lesion/ abnormality present, description:.....
Hard palate: no abnormality/ abnormality present, description:....
Base of the mouth and cheeks: covered with intact mucosa/ abnormal, description:.....
Epipharynx free: yes / no, description:
Mesopharynx: Symmetrical anterior pharyngeal pillars/ asymmetry, description..
Uvula not deviated/ deviated (left/ right)
Tonsils: Grade ..., symmetrical palatine tonsils/ tons. facta/ asymmetrical palatine tonsils, description:
Tonsilo-lingual transition: without abnormality/ abnormal, description:.....
Movement of the soft palate: free/ reduced, description:.....
Base of the tongue: no palpable abnormality/ palpable abnormality, description:....
Valleculae free/ filled (left/ right/ both), description:....
The lingual surface of the epiglottis: covered with intact mucosa/ abnormal, description:.....
On the posterior and lateral wall of the pharynx: no visible abnormality, no asymmetry/ abnormal (posterior/ left side/ right side), description:.....
Hypopharynx: Pharyngoepiglottic fold without abnormality/ abnormal, description:.....
Piriform sinuses: free, opening well/ filled (left, right, both), description:
Saliva congestion: yes/ no
(Retrocricoid region free/ affected, description:
Esophageal opening: free/ affected, description)*

** in case direct laryngoscopy was performed*

Larynx: The laryngeal surface of the epiglottis: without abnormality/ abnormal, description:.....
 Aryepiglottic folds: without abnormality/ abnormal, description:.....
 Laryngeal mobility: normal, symmetrical/ impaired mobility (left/ right)/ fixated laryngeal half (left/ right), description:
 Vocal cords: intact/ abnormal (left/ right/ both), description:
 If abnormal, it affects the third of the vocal cord/ anterior commissure/ posterior commissure
 Phonatory gap: wide/ narrow/ cannot be defined, description:
 Inspiratory stridor absent/ present.
 Subglottic region without abnormality/ abnormal, description:.....
Neck: no palpable abnormality/ palpable abnormality, description:

5. Symptoms, complains:

ECOG Performance Status:

0	Fully active, able to carry on all pre-disease performance without restriction
1	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work
2	Ambulatory and capable of all selfcare but unable to carry out any work activities; up and about more than 50% of waking hours
3	Capable of only limited selfcare; confined to bed or chair more than 50% of waking hours
4	Completely disabled; cannot carry on any selfcare; totally confined to bed or chair
5	Death

Current body weight (kg):
 Changes in body weight: yes/ no
 If yes: gain/ loss
 How much time (weeks)?
 How many (kg)?:
 Height (m):
 The start of the complains (weeks):

Swallowing difficulty right now? Yes/ no
 What can You swallow? Solid food (in unlimited amount)/ Solid food (small amount)/ masher/ liquid/ nothing

Dysphagia right now: yes/ no
 Pain radiating into the ear: yes/ no

Suffocation or compromised breathing: yes/ no

Foreign body sensation: yes/ no

Appetite: yes/ no

Phonation: unmodified/ hoarse/ unable to speak

Spitting blood: yes/ no

Trismus: yes / no

Nausea: yes/ no

Vomiting: yes/ no

How many times?

Fever: yes/ no

If yes, for how long?

Temperature: °C (axillary/ rectal)

Stool: normal / diarrhea / constipation / fatty / putrid / undigested food/ bloody /mucus

How often: daily once/ daily twice/ more:...../every second /third day/other

Night sweats: yes/ no

6. Investigations

6.1. Laboratory examination

Lab. exam from another centrum is available? Yes/ no

The date of the blood draw (year, month, day):

CRP (mg/l)	
Complete Blood Count	
Red blood cells (T/l)	
White blood cells (G/l)	
Thrombocytes (G/l)	
Monocytes (G/l)	
Lymphocytes (G/L)	
Hgb (g/l)	
Htc (%)	
MCV (fl)	
Ions	
Sodium (mmol/l)	
Potassium (mmol/l)	
Calcium (mmol/l)	
Iron (umol/l)	
Pancreas	
Glucose (mmol/l)	

Amylase (U/l)	
Lipase (U/l)	
Renal function	
Urea (mmol/l)	
Creatinine (umol/l)	
eGFR	
Liver function	
Total bilirubin(umol/l)	
Conjugated bilirubin (umol/l)	
Unconjugated bilirubin (umol/l)	
ASAT/GOT (U/l)	
ALAT/GPT (U/l)	
Gamma GT (U/l)	
Alkaline phosphatase (U/l)	
Lactate dehydrogenase LDH (U/l)	
Prothrombin INR	
Metabolism	
Cholesterine (mmol/l)	
Triglyceride (mmol/l)	
HgbA1C (%)	
Proteins	
Total protein (g/l)	
Albumin (g/l)	
Other:	

Saliva sample: yes/ no

Date:

Separate blood sample (in native tube): yes/ no

Date:

6.2. Imaging examination

Exams from another centrum is available? Yes/ no

Imaging for the neck:

Neck US ? yes/ no

Date:

Description:

Abnormal lymph node: yes/ no

If yes: ipsilateral / contralateral/ bilateral

solitary/ multiple

<3 cm/ 3-6 cm/ >6 cm

Invades the surrounding tissues: yes/ no

If yes, what? (multiple choice) VJI/ ACI/ ACE/ ACC/ other:...

If yes, FNAB? Yes/ no

Description:

Malignancy: yes/ no

Neck CT with contrast/ neck MR/ PET CT/ none (multiple examinations are possible)

Date:

Description:

The tumor's largest diameter:

Invades the surrounding tissues: yes/ no

If yes, (multiple choice): extrinsic muscle of the tongue/ mandible/
hard palate/ skull base/ larynx (in case of oropharyngeal tu.)/ thyroid cartilage/ cricoid
cartilage/ hyoid bone/ thyroid gland/ soft tissues of the anterior compartment/
prevertebral fascia/ mediastinum/ carotid artery

Abnormal lymph node: yes/ no

If yes: ipsilateral / contralateral/ bilateral

solitary/ multiple

3 cm/ 3-6 cm/ >6 cm

Invades the surrounding tissues: yes/ no

If yes, what? (multiple choice) VJI/ ACI/ ACE/ ACC/ MSCM other:...

Imaging for distant metastases (multiple choice): chest CT- abdominal US/ chest- abdominal CT/ only CT/ PET- CT/
none/ other:

Date:

Description:

Distant metastases: yes/ no

If yes, localization:

solitary/ multiple

Invades the surrounding tissues: yes/ no

6.3. Histology

Exams from another centrum is available? Yes/ no

The description of the histological findings:

Sampling date (year, month, day):

The time passed between the sampling and processing (hours):

BIOPTATE:

The method of the sampling: local/ direct laryngoscopy

How many pieces?

The localization of the sampling: mesopharynx/ hypopharynx/ larynx

Exact localization:

Histological type: keratinized/ non keratinized

Differentiation (grade 1-4):

Photo documentation? Yes/ no

p16 + / p16 –

Specific morphological findings for HPV:

Tumor mapping? Yes/ no

If yes: cytobrush / multiple prex

7. Tumor diagnosis

The date of the clinical diagnosis (year, month, day):

The date of the histological diagnosis (year, month, day):

Histological classification:

Grade:

Tumor localization: mesopharynx/ hypopharynx/ larynx

Clinical TNM¹ stadium at the time of discovery:

Stadium:

If M1, the localization of the distant metastases:

8. Therapy

Oncoteam’s decision:

Oncological treatment: yes/ no

¹ See Recommendation of the American Joint Committee on Cancer (AJCC) , (8. version, 2017)

If yes, denomination:

Purpose: curative /palliative

Surgical treatment: yes/ no

If yes, denomination:

Purpose: curative /palliative

Other service (ex. palliation, BSC) yes/ no

If yes, denomination:

9. Epicrisis

The patient has accepted the proposed treatment: yes/ no

The starting date of the planned treatment:

Death occurred before starting the treatment: yes/ no

If yes, date:

Date of the control visit: