

Oral Cancer Information Adequacy (Accuracy & Comprehensiveness) Checklist

Reviewer Name: _____ Date: _____

Item Title: _____

Source: _____ Year: _____

<p>Risk Factors</p> <p><input type="checkbox"/> Tobacco products</p> <p style="padding-left: 20px;"><input type="checkbox"/> Smoking <input type="checkbox"/> Paan</p> <p style="padding-left: 20px;"><input type="checkbox"/> Cigarette <input type="checkbox"/> Bidi (beede)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Pipe <input type="checkbox"/> Beetlenut</p> <p style="padding-left: 20px;"><input type="checkbox"/> Cigar</p> <p style="padding-left: 20px;"><input type="checkbox"/> Chewing</p> <p style="padding-left: 20px;"><input type="checkbox"/> Snuff</p> <p><input type="checkbox"/> Alcohol</p> <p><input type="checkbox"/> Tobacco & Alcohol</p> <p><input type="checkbox"/> Marijuana</p> <p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Sun</p> <p><input type="checkbox"/> Lack fruit & veg</p> <p><input type="checkbox"/> Virus</p> <p><input type="checkbox"/> Genetic</p> <p><input type="checkbox"/> Previous oral cancer</p> <p>Incorrect Risk Factors</p> <p><input type="checkbox"/> Ill-fitting dentures</p> <p><input type="checkbox"/> Oral hygiene</p> <p><input type="checkbox"/> Other: _____</p> <p>Location of OC</p> <p><input type="checkbox"/> Lip <input type="checkbox"/> Esophagus</p> <p><input type="checkbox"/> Tongue <input type="checkbox"/> Nasal cavity</p> <p><input type="checkbox"/> Cheek</p> <p><input type="checkbox"/> Palate</p> <p><input type="checkbox"/> Gingival</p> <p><input type="checkbox"/> Floor of mouth</p> <p><input type="checkbox"/> Oropharynx/throat</p> <p><input type="checkbox"/> Mouth</p> <p><input type="checkbox"/> Throat</p> <p><input type="checkbox"/> Voicebox</p> <p><input type="checkbox"/> Larynx</p>	<p>Warning Signs</p> <p><input type="checkbox"/> Red patch <input type="checkbox"/> White patch</p> <p><input type="checkbox"/> No pain <input type="checkbox"/> Ulcer/Sore</p> <p><input type="checkbox"/> Thickening/swelling</p> <p><input type="checkbox"/> Difficulty swallowing/chewing</p> <p><input type="checkbox"/> Sustained sign*</p> <p><input type="checkbox"/> Change in color</p> <p>Symptoms</p> <p><input type="checkbox"/> Numbness</p> <p><input type="checkbox"/> Altered sensation or pain</p> <p><input type="checkbox"/> Discomfort wearing dentures</p> <p><input type="checkbox"/> Discomfort in the throat</p> <p><input type="checkbox"/> Lump</p> <p><input type="checkbox"/> Bleeding</p> <p><input type="checkbox"/> Difficulty with jaw/tongue</p> <p><input type="checkbox"/> Asymptomatic (Early)</p> <p><input type="checkbox"/> Hoarseness</p> <p><input type="checkbox"/> Pain</p> <p><input type="checkbox"/> Soreness</p> <p>Recommendations for oral cancer exam</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>OC Exam, clinical</p> <p><input type="checkbox"/> Check lymph nodes/neck/under jaw</p> <p><input type="checkbox"/> Check gums</p> <p><input type="checkbox"/> Check cheek & lips</p> <p><input type="checkbox"/> Pull tongue forward</p> <p><input type="checkbox"/> Check palate</p> <p><input type="checkbox"/> Check oropharynx</p> <p><input type="checkbox"/> Check floor of mouth</p> <p><input type="checkbox"/> Toluidine blue</p> <p><input type="checkbox"/> Brush biopsy</p> <p><input type="checkbox"/> Symmetry</p>	<p>Self Exam</p> <p><input type="checkbox"/> Check lymph nodes/neck/under jaw</p> <p><input type="checkbox"/> Check gums</p> <p><input type="checkbox"/> Check cheek & lips</p> <p><input type="checkbox"/> Check oropharynx</p> <p><input type="checkbox"/> Check floor of mouth</p> <p>Prevention</p> <p><input type="checkbox"/> Smoking cessation</p> <p><input type="checkbox"/> Tobacco cessation</p> <p><input type="checkbox"/> Alcohol decrease intake</p> <p><input type="checkbox"/> Sun protection</p> <p style="padding-left: 20px;"><input type="checkbox"/> Lip sunscreen</p> <p style="padding-left: 20px;"><input type="checkbox"/> Clothing cover</p> <p><input type="checkbox"/> Consumption of fruit & veg</p> <p>Mentions</p> <p><input type="checkbox"/> Early detection</p> <p><input type="checkbox"/> Statistics (death, incidence, etc.)</p> <p>Treatment for Oral Cancer</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Mentions Healthy People</p> <p><input type="checkbox"/> HP 2000</p> <p><input type="checkbox"/> HP 2010</p> <p>Misinformation (i.e., incorrect states or facts):</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Tobacco</p> <p><u>Risk factor for:</u></p> <p><input type="checkbox"/> Oral cancer <input type="checkbox"/> Lung cancer <input type="checkbox"/> Ulcers</p> <p><input type="checkbox"/> Heart disease <input type="checkbox"/> Head & neck cancer</p> <p><input type="checkbox"/> Emphysema <input type="checkbox"/> Asthma</p> <p><input type="checkbox"/> Chronic Bronchitis <input type="checkbox"/> Respiratory illness</p> <p><input type="checkbox"/> Cancer of the larynx/esophagus/pharynx</p> <p><input type="checkbox"/> Cancer of the pancreas/kidney/cervix</p> <p><u>During Pregnancy:</u></p> <p><input type="checkbox"/> Spontaneous abortions</p> <p><input type="checkbox"/> Low birth weight</p> <p><input type="checkbox"/> Sudden infant death syndrome</p>	<p>Alcohol</p> <p><u>Risk factor for:</u></p> <p><input type="checkbox"/> Oral cancer <input type="checkbox"/> Heart Disease <input type="checkbox"/> Lung cancer</p> <p><input type="checkbox"/> Hepatitis <input type="checkbox"/> Brain Disease <input type="checkbox"/> Liver cancer</p> <p><input type="checkbox"/> Stroke <input type="checkbox"/> Ingestion poisoning</p> <p><input type="checkbox"/> High blood pressure</p> <p><input type="checkbox"/> Cancer of the larynx/esophagus/pharynx</p> <p><input type="checkbox"/> Heart rhythm irregularities (arrythmias)</p> <p><input type="checkbox"/> Heart muscle disorders (cardiomyopathy)</p> <p><input type="checkbox"/> Breast cancer</p> <p><input type="checkbox"/> Cirrhosis of the liver</p> <p><input type="checkbox"/> Head and neck cancer</p> <p><input type="checkbox"/> Cancer of the colon/rectom</p>	

*Lesion that lasts more than 2 weeks need to be examined by health professional.