

Obstructive Salivary Problem Impact Test (SPIT)

Over the LAST MONTH, for your MOST BOTHERSOME salivary gland,

How OFTEN have you experienced:

| | Never | Every few weeks | Once a week | More than once a week | Daily |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Swelling of your gland when EATING | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Discomfort of your gland when EATING | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Swelling of your gland when NOT EATING | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Discomfort of your gland when NOT EATING | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other people noticing your gland swelling | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

How SEVERE is the:

| | None at all | Mild | Moderate | Severe | Extremely severe |
|---|---|---------------------------------------|-------------------------------------|--------------------------------|--|
| Swelling of your gland when EATING | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Discomfort of your gland when EATING | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Swelling of your gland when NOT EATING | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Discomfort of your gland when NOT EATING | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How long does your swelling usually last? | <input type="radio"/> I don't have swelling | <input type="radio"/> Several minutes | <input type="radio"/> Several hours | <input type="radio"/> 1-2 days | <input type="radio"/> More than 2 days |

In the LAST MONTH, how often have you been bothered by:

| | Never | Rarely | Sometimes | Often | Always |
|------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| A bad or salty taste in your mouth | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Saliva feeling too thick | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Mouth dryness | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

In the LAST MONTH, how often have you experienced the following symptoms because of your most bothersome salivary gland:

| | Never | Rarely | Sometimes | Often | Always |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Having to interrupt or pause meals | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Feeling discomfort when thinking about food | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Changing the foods you eat | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Feeling self-conscious around other people | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

In the LAST MONTH, how have your salivary gland symptoms impacted your:

| | Not at all impacted | Slightly | Somewhat | Very much | Extremely impacted |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Sleep | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ability to swallow | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ability to chew | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sense of taste | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Appearance of your face | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Social interactions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ability to do usual daily activities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Mood (such as feeling tense, worried, or irritable) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |