

**SWALLOWING OUTCOME AFTER LARYNGECTOMY (SOAL)
PATIENT QUESTIONNAIRE**

For each of the questions below, please indicate (✓) the response which best suits what you have felt or experienced today or over the last few days...

Question	No	A little	A lot	If you answered a little or a lot, does this bother you? Please indicate Y/N
1. In your opinion, do you have a swallowing problem now?				
2. Do you have a problem swallowing thin liquids (tea, water, juice)? <i>Unrelated to voice prosthesis leaking.</i>				
3. Do you have a problem swallowing thick liquids (soup, milkshake, supplement drinks)?				
4. Do you have a problem swallowing soft/mashed foods (macaroni cheese, shepherds pie)?				
5. Do you have a problem swallowing dry solid food (bread, biscuits)?				
6. Do liquids stick in your throat when you swallow?				
7. Does food stick in your throat when you swallow?				
8. Does food or liquid come back up into your mouth or nose when you eat or drink?				
9. Do you need to swallow liquid to help the food go down?				
10. Do you need to swallow many times on each mouthful to help the food or drink go down?				
11. Do you avoid certain foods because you cannot swallow them?				
12. Does it take longer to eat a meal?				
13. Has your enjoyment of food reduced?				
14. Has the size of your meal reduced?				
15. Has your appetite reduced because you cannot taste or smell food normally?				
16. Has your eating been more difficult due to dry mouth?				
17. Do you feel self conscious eating with other people?				

Thank you for your time

Scoring (for the clinician):

Assign a score of 0 for (no); 1 for (a little) and 2 for (a lot). Sum the columns and add the totals to obtain a score out of 34. Lower scores indicate fewer problems and better self-reported overall swallow function.

Bother: Items checked (yes) should be explored clinically to determine whether further discussion/intervention during rehabilitation may be helpful to the patient.

