Name: _____
Date of Birth: _____
Today's Date: _____

Swallowing Patient Questionnaire

EAT-10: **To what extent are the following scenarios problematic to you?**
0= No problem 4= Severe problem

Symptom	0	1	2	3	4
My swallowing problem has caused me to lose weight.	☐	☐	☐	☐	☐
My swallowing problem interferes with my ability to go out for meals.	☐	☐	☐	☐	☐
Swallowing liquids takes extra effort.	☐	☐	☐	☐	☐
Swallowing solids takes extra effort.	☐	☐	☐	☐	☐
Swallowing pills takes extra effort.	☐	☐	☐	☐	☐
Swallowing is painful	☐	☐	☐	☐	☐
The pleasure of eating is affected by my swallowing.	☐	☐	☐	☐	☐
When I swallow food sticks in my throat.	☐	☐	☐	☐	☐
I cough when I eat.	☐	☐	☐	☐	☐
Swallowing is stressful	☐	☐	☐	☐	☐
TOTAL SCORE:	_____ / 40				

1. If you answered 1-4 to any of the above questions, please answer these follow-up questions. If you answered only 0 skip this section.

My swallowing problem has caused me to lose weight.
How much weight have you lost and over what period of time?
Has it stabilized?
Are you taking nutritional supplements?

Swallowing is painful.
Clarify "pain" with swallowing.

When I swallow, food sticks in my throat.
Where exactly?
Which foods in particular?
Do you avoid these foods?
How long does the sensation last?
What relieves it? (ex: water, waiting)
How do you compensate?
Does food also stick in your chest?

I cough when I eat.
How often?
Do you cough at other times than meals?
Do you cough after meals?

2. Have you ever has a swallowing evaluation, FEES (Fiberoptic Endoscopic Evaluation of Swallowing), or MBS (Modified Barium Swallow Study)?
____Yes ____ No

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3. Briefly describe your swallowing symptoms, including when they began:

4. What is your current diet? (check all that apply)

____ Thin liquids
____ Slightly thick liquids
____ Mildly thick liquids (nectar thick)
____ Moderately thick liquids (honey thick)
____ Extremely thick liquids (spoon thick)

____ Regular solids
____ Regular, easy to chew
____ Soft and bite-sized (dysphagia advanced)
____ Minced and moist (mechanical soft)
____ Pureed
____ Liquidized

5. Do you have any food allergies? (please list)

6. Which of the food and liquid consistencies give you the most difficulty? (check all that apply)

____ Thin liquids
____ Slightly thick liquids
____ Mildly thick liquids (nectar thick)
____ Moderately thick liquids (honey thick)
____ Extremely thick liquids (spoon thick)

____ Regular solids
____ Regular, easy to chew
____ Soft and bite-sized (dysphagia advanced)
____ Minced and moist (mechanical soft)
____ Pureed
____ Liquidized
____ Pills
____ Other: (describe)

7. Is your swallowing better or worse at certain times of the day?

____ Yes
____ No

If yes, when?

8. Have you had any of the following?

____ Pneumonia
____ Heart surgery
____ Thyroid surgery
____ Surgery to your larynx (voice box)
____ Stroke
____ Injury to the neck
____ Radiation to the head or neck
____ Chest surgery
____ Carotid artery surgery

9. Which of the following symptoms apply to you?

____ Coughing with food
____ Coughing with liquid
____ Choking with food
____ Choking with liquid
____ Mouth pain
____ Painful swallowing
____ Throat pain
____ Reflux
____ Dry mouth
____ Change in taste
____ Voice changes
____ Appetite changes
____ Missing teeth
____ Other: (describe)

10. Supplemental oxygen? If yes, how much: _____