

EAT-10: A Swallowing Screening Tool

INSTRUCTIONS:

Answer each question by circling the appropriate number.

To what extent do you experience the following problems?

0 = no problem 4 = severe problem

My swallowing problem has caused me to lose weight.

0 1 2 3 4

My swallowing problem interferes with my ability to go out for meals.

0 1 2 3 4

Swallowing liquids takes extra effort.

0 1 2 3 4

Swallowing solids takes extra effort.

0 1 2 3 4

Swallowing pills takes extra effort.

0 1 2 3 4

Swallowing is painful.

0 1 2 3 4

The pleasure of eating is affected by my swallowing.

0 1 2 3 4

When I swallow food sticks in my throat.

0 1 2 3 4

I cough when I eat.

0 1 2 3 4

Swallowing is stressful.

0 1 2 3 4

For Clinic Use Only:

Total Score: /40

Circle the word that matches how serious you feel your swallowing problem is:

No Problem

Mild Problem

Moderate Problem

Severe Problem