

1. My swallowing problem has caused me to lose weight.

0= no problem

1

2

3

4= severe problem

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

0= no problem

1

2

3

4= severe problem

3. Swallowing liquids takes extra effort

0= no problem

1

2

3

4= severe problem

4. Swallowing solids takes extra effort

0= no problem

1

2

3

4= severe problem

5. Swallowing pills takes extra effort

0= no problem

1

2

3

4= severe problem

6. Swallowing is painful

0= no problem

1

2

3

4= severe problem

7. The pleasure of eating is affected by my swallowing

0= no problem

1

2

3

4= severe problem

8. When I swallow food sticks in my throat

0= no problem

1

2

3

4= severe problem

9. I cough when I eat

0= no problem

1

2

3

4= severe problem

10. Swallowing is stressful

0= no problem

1

2

3

4= severe problem

11. Difficulty swallowing liquids

None

Rare

Often

12. Difficulty swallowing solids

None

Rare

Occasionally

Frequently