



## Swallowing Assessment

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Do you take 100 % of your nutrition by mouth?

If not, what percent of the time can you swallow by mouth?

Please think about your symptom experiences and choose the best answer.

Over the **past 14 days**, on average, how often have you had the following? If your response falls between two categories, please make your best guess. If you are unable to eat the type of food in the question, please check “Cannot eat this.”

- X = Cannot eat this
- 0 = Rarely / Never
- 1 = Once or twice a month
- 2 = 1 – 2 times per week
- 3 = 3 – 5 times per week
- 4 = Daily or almost daily
- 5 = Several times per day

Trouble eating solid food (meat, bread, vegetables)	0	1	2	3	4	5	X
Trouble eating soft foods (yogurt, jello, pudding)	0	1	2	3	4	5	X
Trouble drinking liquids	0	1	2	3	4	5	X
Pain while Swallowing	0	1	2	3	4	5	X
Coughing or choking while swallowing food or liquids	0	1	2	3	4	5	X

Over the **past 14 days**, on average, how would you rate your discomfort or pain during swallowing? If you are unable to eat the type of food, please check "Cannot eat this."

- X = Cannot eat this
- 0 = None
- 1 = Very Mild
- 2 = Mild
- 3 = Moderate
- 4 = Moderately Severe
- 5 = Severe

Pain or discomfort while eating solid food (meat, bread, vegetables)	0	1	2	3	4	5	X
Pain or discomfort eating soft foods (yogurt, jello, pudding)	0	1	2	3	4	5	X
Pain or discomfort drinking liquids	0	1	2	3	4	5	X

Approximately how many times in the **past 12 months** have you:

Had food stuck in your throat or esophagus for a period lasting longer than 30 minutes? \_\_\_\_\_  
 Had to visit the emergency room because of food stuck in your throat or esophagus? \_\_\_\_\_

In general, how often do you have trouble swallowing or does food get stuck?

None                  Occasionally                  Daily                  Each Meal

In general, how often do you have chest pain while or after eating?

None                  Occasionally                  Daily                  Each Meal

In general, how often do you feel fluid or food come up your chest after eating?

None                  Occasionally                  Daily                  Each Meal

Have you lost any weight over the past year?                  No                  Yes

If yes, how much?                  \_\_\_\_\_ pounds