2021-0151-D5

EATING ASSESSMENT TOOL (EAT-10)

DATE: _____ **NAME:** _____

MR#: _____ **HEIGHT:** _____ **WEIGHT:** _____

BRIEFLY DESCRIBE YOUR SWALLOWING PROBLEM

LIST ANY SWALLOWING TESTS YOU HAVE HAD, INCLUDING WHERE, WHEN, AND THE RESULTS

To what extent are the following scenarios problematic for you?

CIRCLE THE APPROPRIATE RESPONSE	0 = NO PROBLEM				4 = SEVERE PROBLEM
1. My swallowing problem has caused me to lose weight.	0	1	2	3	4
2. My swallowing problem interferes with my ability to go out for meals.	0	1	2	3	4
3. Swallowing liquids takes extra effort.	0	1	2	3	4
4. Swallowing solids takes extra effort.	0	1	2	3	4
5. Swallowing pills takes extra effort.	0	1	2	3	4
6. Swallowing is painful.	0	1	2	3	4
7. The pleasure of eating is affected by my swallowing.	0	1	2	3	4
8. When I swallow food sticks in my throat.	0	1	2	3	4
9. I cough when I eat.	0	1	2	3	4
10. Swallowing is stressful.	0	1	2	3	4
				Total EAT-10:	

Interpretation: A score of 3 or more is indicative of possible problems with swallowing efficiently and safely.

Belafsky PC, Mouadeb DA, Rees CJ, Pryor JC, Postma GN, Allen J, and Leonard RJ. Validity and reliability of the Eating Assessment Tool (EAT-10). Ann Otol Rhinol Laryngol 117: 919-924, 2008.

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