

Name: _____

Date: ___/___/___

Eating Assessment Tool – EAT-10

This questionnaire helps to measure swallowing difficulties. These are statement many people have used to describe difficulty with swallowing/ eating. To what extent do you experience the following problems? Please circle the most appropriate response for each statement.

- 0 = No problem**
- 1 = Mild problem**
- 2 = Mild-Moderate problem**
- 3 = Moderate problem**
- 4 = Severe problem**

Situation	Severity of problem				
	0	1	2	3	4
My swallowing problem has caused me to lose weight.					
My swallowing problems 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					

