

## Appendix C. EAT-10

### Eating Assessment Tool (EAT-10)

Date:

Name: MR#:

Height:

Weight:

Please briefly describe your swallowing problem.

Please list any swallowing tests you have had, including where, when, and the results.

To what extent are the following scenarios problematic for you?

<b>Circle the appropriate response</b>	<b>0 = No problem 4 = Severe problem</b>				
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<u>1. My swallowing problem has caused me to lose weight.</u>	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
<u>2. My swallowing problem interferes with my ability to go out for meals.</u>	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
<u>3. Swallowing liquids takes extra effort.</u>	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
<u>4. Swallowing solids takes extra effort.</u>	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
<u>5. Swallowing pills takes extra effort.</u>	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
<u>6. Swallowing is painful.</u>	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
<u>7. The pleasure of eating is affected by my swallowing.</u>	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
<u>8. When I swallow food sticks in my throat.</u>	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
<u>9. I cough when I eat.</u>	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
<u>10. Swallowing is stressful.</u>	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
<b>Total EAT-10:</b>					