

NAME: _____

DATE: _____

EAT-10 A Swallowing Screening Tool

Please answer each of the 10 questions listed below by circling the appropriate number that best describes how you feel.

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

To what extent are the following scenarios problematic for you?	Severity of 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 liquid 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 SCORE					

If your EAT-10 score is 3 or higher, you may have problems swallowing efficiently and safely. It is recommended discussing your EAT-10 results with your physician.

Adapted with permission from Belafsky PC, Mouadeb DA, Rees CJ, et al. Validity and reliability of the Eating Assessment Tool (EAT-10). *Ann Otol Rhinol Laryngol.* 2008;117(12):919-924.