

Name: _____ Sex: _____ Age: _____ Date: _____

EAT-10 helps to assess and measure swallowing difficulties. It is an easy and convenient evaluation to identify problems that affect your ability to swallow.

Please answer each question by writing the number that best represents the extent that you experience the following problems:

1 My swallowing problem has caused me to lose weight. 0 = no problem • 1 • 2 • 3 • 4 = severe problem

2 My swallowing problem interferes with my ability to go out for meals. 0 = no problem • 1 • 2 • 3 • 4 = severe problem

3 Swallowing liquids takes extra effort. 0 = no problem • 1 • 2 • 3 • 4 = severe problem

4 Swallowing solids takes extra effort. 0 = no problem • 1 • 2 • 3 • 4 = severe problem

5 Swallowing pills takes extra effort. 0 = no problem • 1 • 2 • 3 • 4 = severe problem

6 Swallowing is painful. 0 = no problem • 1 • 2 • 3 • 4 = severe problem

7 The pleasure of eating is affected by my swallowing. 0 = no problem • 1 • 2 • 3 • 4 = severe problem

8 When I swallow food sticks in my throat. 0 = no problem • 1 • 2 • 3 • 4 = severe problem

9 I cough when I eat. 0 = no problem • 1 • 2 • 3 • 4 = severe problem

10 Swallowing is stressful. 0 = no problem • 1 • 2 • 3 • 4 = severe problem

Total EAT-10 Score:

Add the numbers above and write the result here

If your EAT-10 score is 3 or higher, you may have problems swallowing efficiently and safely. We recommend discussing the **EAT-10** results with your doctor.

Reference: 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.