



Patient's Name:

Date of Birth:

MGH #:

SWALLOWING QUESTIONNAIRE

This questionnaire asks for your views about your swallowing ability. This information will help us understand how you feel about swallowing. The following statements have been made by people who have problems with their swallowing. Some of these statements may apply to you.

Please read each statement and circle the response that best reflects your experience *this past week*.

My swallowing ability limits my day-to-day activities.

Strongly Agree || Agree || No Opinion || Disagree || Strongly Disagree

I am embarrassed by my eating habits.

E2 Strongly Agree || Agree || No Opinion || Disagree || Strongly Disagree

People have difficulty cooking for me.

F1 Strongly Agree || Agree || No Opinion || Disagree || Strongly Disagree

Swallowing is more difficult at the end of the day.

P2 Strongly Agree || Agree || No Opinion || Disagree || Strongly Disagree

I do not feel self-conscious when I eat.

E7 Strongly Agree || Agree || No Opinion || Disagree || Strongly Disagree

I am upset by my swallowing problem.

E4 Strongly Agree || Agree || No Opinion || Disagree || Strongly Disagree

Swallowing takes great effort.

P6 Strongly Agree || Agree || No Opinion || Disagree || Strongly Disagree

I do not go out because of my swallowing problem.

E5 Strongly Agree || Agree || No Opinion || Disagree || Strongly Disagree

My swallowing difficulty has caused me to lose income.

F5 Strongly Agree || Agree || No Opinion || Disagree || Strongly Disagree

It takes me longer to eat because of my swallowing problem.

P7 Strongly Agree || Agree || No Opinion || Disagree || Strongly Disagree

People ask me “Why can’t you eat that?”

P3 Strongly Agree Agree No Opinion Disagree Strongly Disagree

Other people are irritated by my eating problem.

E3 Strongly Agree Agree No Opinion Disagree Strongly Disagree

I cough when I try to drink liquids.

P8 Strongly Agree Agree No Opinion Disagree Strongly Disagree

My swallowing problems limit my social and personal life.

F3 Strongly Agree Agree No Opinion Disagree Strongly Disagree

I feel free to go out to eat with my friends, neighbors and relatives.

F2 Strongly Agree Agree No Opinion Disagree Strongly Disagree

I limit my food intake because of my swallowing difficulty.

P5 Strongly Agree Agree No Opinion Disagree Strongly Disagree

I cannot maintain my weight because of my swallowing problem.

P1 Strongly Agree Agree No Opinion Disagree Strongly Disagree

I have low self-esteem because of my swallowing problem.

E6 Strongly Agree Agree No Opinion Disagree Strongly Disagree

I feel that I am swallowing a huge amount of food.

P4 Strongly Agree Agree No Opinion Disagree Strongly Disagree

I feel excluded because of my eating habits.

F4 Strongly Agree Agree No Opinion Disagree Strongly Disagree