

# Eat 10 questionnaire

Please complete this short questionnaire and bring to your appointment. This questionnaire will help the speech and language therapist understand how you are feeling about your difficulties with eating and drinking.

Name:

Date:

Circle the appropriate response	(0 = No problem, 4 = Severe 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 liquids 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

Thank you for taking the time to complete the questionnaire.

## Alternative formats

This leaflet is also available in large print. If you need this leaflet in another format – for example Braille, a language other than English or audio – please speak to a member of staff.

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