



## EATING ASSESSMENT TOOL (EAT-10)

Name: \_\_\_\_\_ EMR# \_\_\_\_\_

Birthdate/Age: \_\_\_\_\_ Todays Date: \_\_\_\_\_

The purpose of the EAT-10 questions is to help measure swallowing problems. Answer each question by circling the number that matches how bad you feel the problem is for you.

<i>To what degree do you experience the following problems?</i> <b>Circle an answer between 0 and 4</b>	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
<b>Add up the sum of the numbers you circled for a TOTAL EAT-10 Score:</b>					

If your score is greater than 3 you may have swallowing problems. We suggest that you share your EAT-10 results with your doctor.