



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

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

Reference: Belafky PC, Mouadeb DA, Rees CJ, Pryor JC, Postma GN, Alen J and Leonard RJ. Validity and reliability of the Eating Assessment Tool (EAT-10). *Ann Otol Rhinol Laryngol* 2008; 117(12):919-924.