EAT-10: A Swallowing Screening Tool

EAT-10 results with a physician.



LAST NAME **FIRST NAME** SEX **AGE** DATE **OBJECTIVE:** EAT-10 helps to measure swallowing difficulties. It may be important for you to talk with your physician about treatment options for symptoms. A. INSTRUCTIONS: Answer each question by entering the number of points in the boxes. To what extent do you experience the following problems? 1 My swallowing problem has caused me to lose weight. 6 Swallowing is painful. 0 = no problem0 = no problem1 2 2 3 4 = severe problem 4 = severe problem 2 My swallowing problem interferes with my ability to go out 7 The pleasure of eating is affected by my swallowing. for meals. 0 = no problem0 = no problem1 1 2 2 3 4 = severe problem 4 = severe problem **8** When I swallow food sticks in my throat. 3 Swallowing liquids takes extra effort. 0 = no problem0 = no problem1 1 2 2 3 4 = severe problem 4 = severe problem 9 I cough when I eat. 4 Swallowing solids takes extra effort. 0 = no problem0 = no problem1 2 2 4 = severe problem 4 = severe problem **10** Swallowing is stressful. **5** Swallowing pills takes extra effort. 0 = no problem0 = no problem1 2 2 3 4 = severe problem 4 = severe problem **B. SCORING:** Add up the number of points and enter your total score in the boxes. Total Score (max. 40 points) C. WHAT TO DO NEXT: If the EAT-10 score is 3 or higher, you may have problems swallowing efficiently and safely. We recommend discussing the