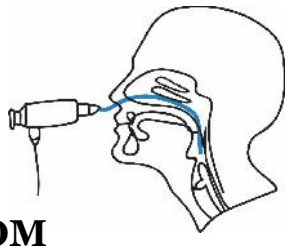
Name: _____

DOB:_____ Room # _____

Person completing form/Role:

_____

SDX DYSPHAGIA EXPERTS



SDX-FEES.COM

The below questionnaires should be used to identify & document swallowing difficulties (Section K) and to support referrals for swallow testing.

EAT -10 screen for swallowing difficulties. 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
SUBTOTAL per column:					
EAT-10 TOTAL SCORE:					

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

PILL-5 screen for difficulties taking pills. CIRCLE THE APPROPRIATE RESPONSE. (0=Never, 1=Almost never, 2=Sometimes, 3=Almost always, 4=Always)					
1. Pills stick in my throat.	0	1	2	3	4
2. Pills stick in my chest.	0	1	2	3	4
3. I have a fear of swallowing pills.	0	1	2	3	4
4. My problem swallowing pills interferes with my ability to take my medicine.	0	1	2	3	4
5. I can't take my pills without crushing, coating, or using other forms of assistance.	0	1	2	3	4
SUBTOTAL per column:					
PILL-5 TOTAL SCORE:					

Nativ-Zeltzer N, Bayoumi A, Mandin VP, Kaufman M, Seeni I, Kuhn MA and Belafsky PC (2019) Validation of the PILL-5: A 5-Item Patient Reported Outcome Measure for Pill Dysphagia. Front. Surg. 6:43. doi: 10.3389/fsurg.2019.00043.

Check all that apply:	NO	YES
1. Is the EAT-10 score greater than 3?	0	1
2. Is the PILL-5 score greater than 6?	0	1
3. Does the resident have a recommendation/order for texture modified foods?	0	1
4. Does the resident have a recommendation/order for thickened liquids?	0	1
5. Does the resident have a history of any of the diagnoses listed below?	0	1
CIRCLE any applicable diagnoses/conditions:		
DYSPHAGIA COPD PNEUMONIA REFLUX / GERD NEURO / CVA / TBI / Parkinson's PEG Tube ANTIPSYCHOTIC Med Use POLYPHARMACY TRACH Reduced/Fluctuating ALERTNESS Other_____		
SCORE SECTION HERE…IF THIS SCORE IS 2 OR HIGHER, REFER TO SPEECH THERAPY.		

PLEASE REFER A PATIENT WITH AN ABOVE *SCORE of 2 OR MORE* TO SPEECH THERAPY SERVICES.

TO SCHEDULE A FEES SWALLOW TEST, CONTACT *Katrina at 860-573-0120*.