## Quality of Life Questionaire Regarding Your Eating and Drinking Chart created from the Dysphagia Handicap Index

We are interested in learning as much as possible about your swallowing and eating abilities. Please take a minute to complete the questionnaire below. All responses will remain confidential and part of your medical record.

#### Please circle the descriptions that best describe your current diet:

Liquids:	Regular liquid	Nectar thick	Honey thick	No liquids

Solids: Regular food Dysphagia Advanced Ground Puree

(soft foods, meats cut small) (moist-easy to chew) (blended)

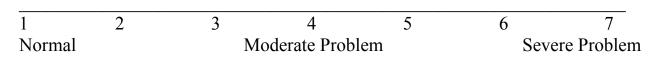
### Please place a check in the box that describes your swallowing difficulty.

	Code		Never	Sometimes	Always
1.	(1P)	I cough when I drink liquids.			
2.	(2P)	I cough when I eat solid food.			
3.	(3P)	My mouth is dry.			
4.	(4P)	I need to drink fluids to wash food down.			
5.	(5P)	I've lost weight because of my swallowing problem.			
6.	(1F)	I avoid some foods because of my swallowing problem.			
7.	(2F)	I have changed the way I swallow to make it easier to eat.			
8.	(1E)	I'm embarrassed to eat in public.			
9.	(3F)	It takes me longer to eat a meal than it used to.			
10.	(4F)	I eat smaller meals more often due to my swallowing problem.			
11.	(6P)	I have to swallow again before food will go down.			
12.	(2E)	I feel depressed because I can't eat what I want.			
13	(3E)	I don't enjoy eating as much as I used to.			

			Never	Sometimes	Always
14.	(5F)	I don't socialize as much due to my swallowing problem.			
15.	(6F)	I avoid eating because of my swallowing problem.			
16.	(7F)	I eat less because of my swallowing problem.			
17.	(4E)	I am nervous because of my swallowing problem.			
18.	(5E)	I feel handicapped because of my swallowing problem.			
19.	(6E)	I get angry at myself because of my swallowing problem.			
20.	(7P)	I choke when I take my medication.			
21.	(7E)	I'm afraid that I'll choke and stop breathing because of my swallowing problem.			
22.	(8F)	I must eat another way (e.g., feeding tube) because of my swallowing problem.			
23.	(9F)	I've changed my diet due to my swallowing problem.			
24.	(8P)	I feel a strangling sensation when I swallow.			
25.	(9P)	I cough up food after I swallow.			

# Please circle the number that matches the severity of your swallowing difficulty

(1 = no difficulty at all; 4 = somewhat of a problem; 7 = the worse problem you could have)



#### Reference:

Silbergliet, A., Schultz, L., Jacobson, B., Beardsley, T., and Johnson, A. (2012). The dysphagia handicap index: Development and validation. *Dysphagia*, *27*, 46-52.