



Last Name

First Name

MI

Last 4 of Social Security

Date of Birth (MM/DD/YYYY)

☐ Male

☐ Female

\_\_\_\_ **01. Swallowing (pick the single best answer)**

- ☐ I do not have any difficulty swallowing
- ☐ I can swallow all types of food without choking, but meals require extra time
- ☐ I can swallow solids, but clear liquids (such as water) make me choke
- ☐ I can swallow soft foods, (oatmeal, pudding) but I choke on liquids and solid foods (meat)
- ☐ I choke when eating or drinking any type of food

\_\_\_\_ **02. Voice (pick the single best answer)**

- ☐ My voice is strong and clear all day long
- ☐ My voice is hoarse but people can hear me even in a noisy environment
- ☐ My voice is hoarse and people can hear me only in a quiet environment
- ☐ My voice is usually too weak to talk with others

\_\_\_\_ **03. Pain with Swallowing (pick the single best answer)**

- ☐ I have no pain with swallowing any type of food
- ☐ I have mild pain with swallowing but can eat anything I want
- ☐ I have moderate pain with swallowing and usually cannot finish a normal meal
- ☐ I have severe pain with swallowing and can only eat or drink limited foods like ice cream or pudding

