

Dysphagia Inventory

Please mark the response that best describes your experience **in the past week**.
Please mark your answer like this: ● Not like this: ⊗ ⊙

	Strongly Agree	Agree	No opinion	Disagree	Strongly Disagree
My swallowing ability limits my day-to-day activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E2. I am embarrassed by my eating habits.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F1. People have difficulty cooking for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P2. Swallowing is more difficult at the end of the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E7. I do not feel self-conscious when I eat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E4. I am upset by my swallowing problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P6. Swallowing takes great effort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E5. I do not go out because of my swallowing problem.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F5. My swallowing difficulty has caused me to lose income	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P7. It takes me longer to eat because of my swallowing problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P3. People ask me, "Why can't you eat that?"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E3 Other people are irritated by my eating problem.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P8. I cough when I try to drink liquids.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F3. My swallowing problems limit my social and personal life.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F2. I feel free to go out to eat with my friends, neighbors, and relatives.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P5. I limit my food intake because of my swallowing difficulty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P1. I cannot maintain my weight because of my swallowing problem.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E6. I have low self-esteem because of my swallowing problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P4. I feel that I am swallowing a huge amount of food.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F4. I feel excluded because of my eating habits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

TEAM _____
 NAME _____ [M]
 PT NO _____ PLACE EPIC LABEL HERE [F]
 DOB _____

Fred Hutchinson Cancer Center is an independent organization that serves as UW Medicine's cancer program.
UW Medicine

