

SWALLOWING PROBLEM QUESTIONNAIRE

Do you have problems swallowing liquids?	YES	NO
Do you have problems swallowing solid items?	YES	NO
Do you have problems swallowing pills?	YES	NO
Does swallowing cause you to cough?	YES	NO
Does swallowing cause you to choke?	YES	NO
Does swallowing require increased effort to swallow?	YES	NO
Does swallowing cause items to get stuck?	YES	NO
Does swallowing remain as residue in your throat?	YES	NO
Does swallowing cause pain?	YES	NO
Do you have a problem initiating the swallow?	YES	NO
Do you have a problem after you swallow?	YES	NO
Do you have any history of Weight loss?	YES	NO
Do you have any history of Pneumonia?	YES	NO
Do you have any history of Reflux?	YES	NO
Do you have any history of head and neck surgery?	YES	NO
Have you ever had radiation therapy to your throat, neck or chest?	YES	NO
Have you had any swallowing testing done?	YES	NO

***If you answer YES for many of these questions or
your Epworth Sleepiness Scale > 15 and
you would like to feel better,
Schedule an appointment
by clicking the link on the top right corner of the web page***