

			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)

1	2	3	4	5	6	7
Normal			Moderate Problem			Severe Problem

Reference:

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