

Stanford Voice &



Swallowing Center

M. D. Anderson Dysphagia Inventory

This questionnaire asks for your views about your swallowing ability. This information will help us understand how you feel about swallowing. The following statements have been made by people who have problems with their swallowing. Some of the statements may apply to you.

Please read each statement and circle the response which best reflects your experience in the past week.

1 = Strongly agree 2 = Agree 3= No Opinion 4= Disagree 5= Strongly Disagree

- (1) My swallowing ability limits my day-to-day activities.....0 1 2 3 4 5
- (2) I am embarrassed by my eating habits.....0 1 2 3 4 5
- (3) People have difficulty cooking for me.....0 1 2 3 4 5
- (4) Swallowing is more difficult at the end of the day.....0 1 2 3 4 5
- (5) I do not feel self-conscious when I eat.....0 1 2 3 4 5
- (6) I am upset by my swallowing problem.....0 1 2 3 4 5
- (7) Swallowing takes great effort.....0 1 2 3 4 5
- (8) I do not go out because of my swallowing problem.....0 1 2 3 4 5
- (9) My swallowing difficulty has caused me to lose income.....0 1 2 3 4 5
- (10) It takes me longer to eat because of my swallowing problem.....0 1 2 3 4 5
- (11) People ask me, "Why can't you eat that?".....0 1 2 3 4 5
- (12) Other people are irritated by my swallowing problem.....0 1 2 3 4 5
- (13) I cough when I try to drink liquids.....0 1 2 3 4 5
- (14) My swallowing problems limit my social and personal life.....0 1 2 3 4 5
- (15) I feel free to go out to eat with my friends, neighbors and relatives.....0 1 2 3 4 5
- (16) I limit my food intake because of my swallowing difficulty.....0 1 2 3 4 5
- (17) I cannot maintain my weight because of my swallowing problem.....0 1 2 3 4 5
- (18) I have low self-esteem because of my swallowing problem.....0 1 2 3 4 5
- (19) I feel that I am swallowing a huge amount of food.....0 1 2 3 4 5
- (20) I feel excluded because of my eating habits.....0 1 2 3 4 5