

Scripps Dysphagia Inventory

Name _____ Date _____ MR# _____

Since my last visit, my condition is:

Better
 Same
 Worse
 This is my first visit.

Circle the appropriate response

To what extent are the following scenarios problematic for you?	0 = No problem 5 = Severe problem					
1. My swallowing problem has caused me to lose weight.	0	1	2	3	4	5
2. My swallowing problem interferes with my ability to go out for meals.	0	1	2	3	4	5
3. My swallowing problem interferes with my work or other activities.	0	1	2	3	4	5
4. Swallowing liquids takes extra effort.	0	1	2	3	4	5
5. Swallowing solids takes extra effort.	0	1	2	3	4	5
6. Swallowing pills takes extra effort.	0	1	2	3	4	5
7. I have altered my diet because of my swallowing problem.	0	1	2	3	4	5
8. Swallowing is painful.	0	1	2	3	4	5
9. The pleasure of eating is affected by my swallowing.	0	1	2	3	4	5
10. When I swallow food sticks in my throat.	0	1	2	3	4	5
11. When I swallow food sticks in my chest.	0	1	2	3	4	5
12. I cough when I eat.	0	1	2	3	4	5
13. I am afraid to eat because of my swallowing problem.	0	1	2	3	4	5
14. It takes me a long time to eat.	0	1	2	3	4	5
15. My swallowing problem is a burden to my family.	0	1	2	3	4	5
16. I get tired when I eat.	0	1	2	3	4	5
17. I feel a lump in my throat.	0	1	2	3	4	5
18. I avoid eating in front of people.	0	1	2	3	4	5
19. After I swallow food comes back up.	0	1	2	3	4	5
20. Swallowing is stressful.	0	1	2	3	4	5

_____ SDI

Reflux Symptom Index and Voice-Related Quality of Life Index

Name _____ Date _____ MR# _____

Circle the appropriate response:

To what extent do the following problems affect you?	0 = No problem 5 = Severe problem					
Hoarseness or a problem with your voice	0	1	2	3	4	5
Clearing your throat	0	1	2	3	4	5
Excess throat mucous or postnasal drip	0	1	2	3	4	5
Difficulty swallowing food, liquid, or pills	0	1	2	3	4	5
Coughing after you eat or lie down	0	1	2	3	4	5
Breathing difficulties or choking episodes	0	1	2	3	4	5
Troublesome or annoying cough	0	1	2	3	4	5
Sensations of something sticking in your throat or a lump in your throat.	0	1	2	3	4	5
Heartburn, chest pain, indigestion, or stomach acid coming up.	0	1	2	3	4	5

_____ RSI

Circle the appropriate response:

Because of my voice...	0 = No problem 5 = Severe problem					
I have trouble speaking loudly or being heard in noisy situations.	0	1	2	3	4	5
I run out of air and need to take frequent breaths when talking.	0	1	2	3	4	5
I do not know what will come out when I begin speaking.	0	1	2	3	4	5
I am anxious or frustrated.	0	1	2	3	4	5
I get depressed.	0	1	2	3	4	5
I have trouble using the telephone.	0	1	2	3	4	5
I have trouble doing my job or practicing my profession.	0	1	2	3	4	5
I avoid going out socially.	0	1	2	3	4	5
I have to repeat myself to be understood.	0	1	2	3	4	5
I have become less outgoing.	0	1	2	3	4	5

_____ VRQOL