

# PATIENT-CLINICIAN ASSESSMENT

## Dysphagia



**Think about the advice your swallowing clinician may have given you. How would you rate the advice you've received in the following areas:**

**1. Foods I should eat.**

Poor Fair Good Very Good Excellent Outstanding

**2. Foods I should avoid.**

Poor Fair Good Very Good Excellent Outstanding

**3. Liquids I should drink.**

Poor Fair Good Very Good Excellent Outstanding

**4. Liquids I should avoid.**

Poor Fair Good Very Good Excellent Outstanding

**5. Techniques to help me get food down.**

Poor Fair Good Very Good Excellent Outstanding

**6. Techniques to help me avoid choking.**

Poor Fair Good Very Good Excellent Outstanding

**7. When I should contact a swallowing clinician.**

Poor Fair Good Very Good Excellent Outstanding

**8. Goals of treatment for my swallowing problem.**

Poor Fair Good Very Good Excellent Outstanding

**9. My treatment options.**

Poor Fair Good Very Good Excellent Outstanding

**10. What to do if I start to choke.**

Poor Fair Good Very Good Excellent Outstanding

**11. Signs that I am not getting enough to eat or drink.**

Poor Fair Good Very Good Excellent Outstanding

**We are interested in your feelings, good and bad, about the care you have received from your swallowing clinicians. In the last 3 months, how often have you felt that:**

**1. You had confidence in your swallowing clinician.**

Never Sometimes Usually Always

**2. Your swallowing clinician explained everything about your treatment to you**

Never Sometimes Usually Always

**3. Your swallowing clinician spent enough time with you.**

Never Sometimes Usually Always

**4. Your swallowing clinician put your needs first.**

Never Sometimes Usually Always