Patient Self-Assessment
Dysphagia (Head and Neck) II

Community Cancer Institute

Please read each statement and check the response which best reflects your experience this past week.	Strongly agree	Agree	No opinion	Disagree	Strongly Disagree
1. My swallowing ability limits my day-to-day activities.					
2. I am embarrassed by my eating habits.					
3. People have difficulty cooking for me.					
4. Swallowing is more difficulty at the end of the day					
5. I do not feel self-conscious when I eat.					
6. I am upset by my swallowing problem.					
7. Swallowing takes great effort.					
8. I do not go out because of my swallowing problem.					
9. My swallowing difficulty has caused me to lose income.					
10. It takes me longer to eat because of my swallowing problem.					
11. People ask me “Why can’t you eat that?”					
12. Other people are irritated by my eating problem.					
13. I cough when I try to drink liquids.					
14. My swallowing problems limit my social and personal life.					
15. I feel free to go out to eat with my friends, neighbors, and relatives.					
16. I limit my food intake because of my swallowing difficulty.					
17. I cannot maintain my weight because of my swallowing problem.					
18. I have low self-esteem because of my swallowing problem.					
19. I feel that I am swallowing a huge amount of food.					
20. I feel excluded because of my eating habits.					

Adapted from MD Anderson Dysphagia Inventory (MDADI), Chen AY(1), Frankowski R, Bishop-Leone J, Hebert T, Leyk S, Lewin J, Goepfert H. Arch Otolaryngol Head Neck Surg. 2001 Jul;127(7):870-6