

# Eating Assessment Tool (EAT-10)

Patient information					
Name:		Date of birth:			
Medical record number:		Height:		Weight:	
Gender:		Date of assessment:			
Swallowing assessment					
1. Please briefly describe your swallowing problem:		2. Please list any swallowing tests you have had, including where, when, and the results:			
To what extent are the following scenarios problematic for you?					
Choose the appropriate response.	0 = No problem			4 = Severe problem	
1. My swallowing problem has caused me to lose weight.	0	1	2	3	4
2. My swallowing problem interferes with my ability to go out for meals.	0	1	2	3	4
3. Swallowing liquids takes extra effort.	0	1	2	3	4
4. Swallowing solids takes extra effort.	0	1	2	3	4
5. Swallowing pills takes extra effort.	0	1	2	3	4
6. Swallowing is painful.	0	1	2	3	4
7. The pleasure of eating is affected by my swallowing.	0	1	2	3	4
8. When I swallow, food sticks in my throat.	0	1	2	3	4
9. I cough when I eat.	0	1	2	3	4
10. Swallowing is stressful.	0	1	2	3	4
Total EAT-10 score:					

### Scoring and interpretation

- The total score ranges from 0 to 40, with higher scores indicating more severe swallowing impairment.
- A score of 2 or less is typically considered normal, suggesting minimal or no swallowing difficulties.
- A score of 3 or higher signals potential dysphagia and the need for further evaluation.

### Additional notes

### Healthcare professional information

**Name:**

**License ID number:**

**Signature:**

**Date of assessment:**

Belafsky, P. C., Mouadeb, D. A., Rees, C. J., Pryor, J. C., Postma, G. N., Allen, J., & Leonard, R. J. (2008). Validity and reliability of the eating assessment tool (EAT-10). *Annals of Otology, Rhinology & Laryngology*, 117(12), 919–924. <https://doi.org/10.1177/000348940811701210>