How was the PRO administered? ☐Individual completed independently ☐Care partner completed
☐Clinician interviewed individual ☐Clinician interviewed care partner

# NOMS Admission Patient-Reported Outcome (PRO) Form

## Eating Assessment Tool (EAT-10)

## Age Range: 18+

**EAT-10 Instructions:** These are statements that many people have used to describe the effect of swallowing problems on their lives. Mark the response that indicates how frequently you have the same experience. If proxy, please answer the following questions based on what you think your family member would say.

Source: Belafsky, P.C. Mouadeb, D.A., et al. (2008). Validity and reliability of the Eating Assessment Tool. *Annals of Otology, Rhinology & Laryngology*, 117, 919-924.

| | **0 No problem** | **1** | **2** | **3** | **4 Severe problem** |
|---|---|---|---|---|---|
| My swallowing problem has caused me to lose weight. | ☐ | ☐ | ☐ | ☐ | ☐ |
| My swallowing problem interferes with my ability to go out for meals. | ☐ | ☐ | ☐ | ☐ | ☐ |
| Swallowing liquids takes extra effort. | ☐ | ☐ | ☐ | ☐ | ☐ |
| Swallowing solids takes extra effort. | ☐ | ☐ | ☐ | ☐ | ☐ |
| Swallowing pills takes extra effort. | ☐ | ☐ | ☐ | ☐ | ☐ |
| Swallowing is painful. | ☐ | ☐ | ☐ | ☐ | ☐ |
| The pleasure of eating is affected by my swallowing. | ☐ | ☐ | ☐ | ☐ | ☐ |
| When I swallow food sticks in my throat. | ☐ | ☐ | ☐ | ☐ | ☐ |
| I cough when I eat. | ☐ | ☐ | ☐ | ☐ | ☐ |
| Swallowing is stressful. | ☐ | ☐ | ☐ | ☐ | ☐ |

Clinician Name: _____ Patient Name: _____ Facility: _____

How was the PRO administered? ☐Individual completed independently ☐Care partner completed
☐Clinician interviewed individual ☐Clinician interviewed care partner

# NOMS Discharge Patient-Reported Outcome (PRO) Form & Satisfaction Survey

## Eating Assessment Tool (EAT-10)

## Age Range: 18+

**EAT-10 Instructions:** These are statements that many people have used to describe the effect of swallowing problems on their lives. Mark the response that indicates how frequently you have the same experience. If proxy, please answer the following questions based on what you think your family member would say.

Source: Belafsky, P.C. Mouadeb, D.A., et al. (2008). Validity and reliability of the Eating Assessment Tool. *Annals of Otology, Rhinology & Laryngology*, 117, 919-924.

| | **0 No problem** | **1** | **2** | **3** | **4 Severe problem** |
|---|---|---|---|---|---|
| My swallowing problem has caused me to lose weight. | ☐ | ☐ | ☐ | ☐ | ☐ |
| My swallowing problem interferes with my ability to go out for meals. | ☐ | ☐ | ☐ | ☐ | ☐ |
| Swallowing liquids takes extra effort. | ☐ | ☐ | ☐ | ☐ | ☐ |
| Swallowing solids takes extra effort. | ☐ | ☐ | ☐ | ☐ | ☐ |
| Swallowing pills takes extra effort. | ☐ | ☐ | ☐ | ☐ | ☐ |
| Swallowing is painful. | ☐ | ☐ | ☐ | ☐ | ☐ |
| The pleasure of eating is affected by my swallowing. | ☐ | ☐ | ☐ | ☐ | ☐ |
| When I swallow food sticks in my throat. | ☐ | ☐ | ☐ | ☐ | ☐ |
| I cough when I eat or drink. | ☐ | ☐ | ☐ | ☐ | ☐ |
| Swallowing is stressful. | ☐ | ☐ | ☐ | ☐ | ☐ |

Clinician Name: _____ Patient Name: _____ Facility: _____

How was the PRO administered? ☐Individual completed independently ☐Care partner completed

☐Clinician interviewed individual ☐Clinician interviewed care partner

# NOMS Discharge Patient-Reported Outcome (PRO) Form (continued)

## NOMS Satisfaction Survey

**Instructions:** Please tell us your thoughts about your swallowing. If proxy, please answer the following questions based on what you think your family member would say.

Source: American Speech-Language-Hearing Association (2019). NOMS Satisfaction Survey.

| | Strongly Agree | Agree | Neither Agree/Disagree | Disagree | Strongly Disagree |
|---|---|---|---|---|---|
| I was involved in the planning and delivery of my treatment. | ☐ | ☐ | ☐ | ☐ | ☐ |
| Because of speech-language pathology services, I have a better understanding of my swallowing problem. | ☐ | ☐ | ☐ | ☐ | ☐ |
| Because of speech-language pathology services, I feel like my swallowing problem has improved. | ☐ | ☐ | ☐ | ☐ | ☐ |
| Because of speech-language pathology services, I feel like I have the swallowing skills I need to participate in a variety of activities. | ☐ | ☐ | ☐ | ☐ | ☐ |

Clinician Name: _____ Patient Name: _____ Facility: _____