



DYSPHAGIA HANDICAP INDEX (DHI)

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Please place a check in the box that describes your swallowing difficulty

NEVER SOMETIMES ALWAYS

1P. I cough when I drink liquids.			
2P. I cough when I eat solid food.			
3P. My mouth is dry.			
4P. I need to drink fluids to wash food down.			
5P. I've lost weight because of my swallowing problem.			
1F. I avoid some foods because of my swallowing problem			
2F. I have changed the way I swallow to make it easier to eat.			
1E. I'm embarrassed to eat in public.			
3F. It takes me longer to eat a meal than it used to.			

NEVER SOMETIMES ALWAYS

4F. I eat smaller meals more often due to my swallowing problem			
6P. I have to swallow again before food will go down.			
2E. I feel depressed because I can't eat what I want.			
3E. I don't enjoy eating as much as I used to.			
5F. I don't socialize as much due to my swallowing problem.			
6F. I avoid eating because of my swallowing problem.			
7F. I eat less because of my swallowing problem.			
4E. I am nervous because of my swallowing problem.			

NEVER SOMETIMES ALWAYS

5E. I feel handicapped because of my swallowing problem.			
6E. I get angry at myself because of my swallowing problem.			
7P. I choke when I take my medication.			
7E. I'm afraid that I'll choke and stop breathing because of my swallowing problem.			
8F. I must eat another way (e.g. feeding tube) because of my swallowing problem.			
9F. I've changed my diet due to my swallowing problem.			
8P. I feel a strangling sensation when I swallow.			
9P. I cough up food after I swallow.			

Please circle the number that matches the severity of your swallowing difficulty (1 = no difficulty at all; 4 = somewhat of a problem; 7 = the worst problem you could have):

1	2	3	4	5	6	7
Normal			Moderate Problem			Severe Problem