DYSPHAGIA EARLY DETECTION INITIATIVE

Your EAT-10 Score: What It Means and What to Do Next

The companion scoring guide for the EAT-10 swallowing self-screen

Use this guide with the official EAT-10 form.
The EAT-10 (Belafsky et al., 2008) is a validated, 10-question swallowing self-screen, available free of charge for clinical use. It does not diagnose dysphagia but helps determine whether a swallowing evaluation is recommended

How to complete the EAT-10:

Answer all 10 questions honestly — not how you wish things were, but how they **actually** are. Rate each item from 0 (no problem) to 4 (severe problem). Add up all 10 answers for your total score. The whole thing takes about three minutes.

3 **A total score of 3 or more means your swallowing deserves a professional evaluation by a speech-language pathologist (SLP). Don't panic. Not a feeding tube. Just an evaluation.**

What your score means:

Score 0–2: Your baseline

Good news and good information. Keep taking the EAT-10 at every neurology or rheumatology follow-up, and any time your swallowing feels different. In myositis, the trend over time matters as much as any single score.

Score 3 or higher: Ask for a referral

Bring this form to your next appointment, or call sooner if symptoms are new or worsening. Say: "My EAT-10 score is [your number]. I'd like a referral to a speech-language pathologist for a swallowing evaluation." That sentence is usually all it takes.

Seek care promptly if:
you are coughing or choking with most meals · losing weight without trying · running fevers with chest congestion · or have had pneumonia more than once.
These signs warrant timely medical attention. Do not wait for a scheduled follow-up.

Why this matters in myositis

Swallowing problems can occur in all forms of myositis. Myositis affects skeletal muscle. Every phase of your swallow runs on skeletal muscle. Swallowing changes are common, frequently underrecognized, and most are treatable when caught early.

Your score is information. Use it.›

Educational content developed for the Dysphagia Early Detection Initiative by
Meaghan Arnold & SSNR for Myositis Support and Understanding
This handout does not replace individualized evaluation by a speech-language pathologist or your medical team.

MYOSITIS SUPPORT AND UNDERSTANDING

Dysphagia Early Detection Initiative

EATING ASSESSMENT TOOL (EAT-10)

Patient Name	Date of Birth	Date of Assessment

Circle the number that best reflects your experience.	0	1	2	3	4	Score
Question	No Problem				Severe	/ 4
1. My swallowing problem has caused me to lose weight.	0	1	2	3	4	/ 4
2. My swallowing problem interferes with my ability to go out for meals.	0	1	2	3	4	/ 4
3. Swallowing liquids takes extra effort.	0	1	2	3	4	/ 4
4. Swallowing solids takes extra effort.	0	1	2	3	4	/ 4
5. Swallowing pills takes extra effort.	0	1	2	3	4	/ 4
6. Swallowing is painful.	0	1	2	3	4	/ 4
7. The pleasure of eating is affected by my swallowing.	0	1	2	3	4	/ 4
8. When I swallow, food sticks in my throat.	0	1	2	3	4	/ 4
9. I cough when I eat and drink.	0	1	2	3	4	/ 4
10. Swallowing is stressful.	0	1	2	3	4	/ 4

Please list any swallowing tests you have had:
(include location, date, and results)

TOTAL SCORE

_____ / 40

≥ 3 indicates dysphagia

Belafsky et al. (2008). Validity and reliability of the Eating Assessment Tool (EAT-10). Ann Otol Rhinol Laryngol, 117, 919–924.