

# Dysphagia Handicap Index (DHI)

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Today's Date \_\_\_\_\_

		Never	Sometimes	Always	
1P	I cough when I drink liquids.				
2P	I cough when I eat solid food.				
3P	My mouth is dry.				<b>Date of Procedure:</b>
4P	I need to drink fluids to wash food down.				
5P	I've lost weight because of my swallowing problem.				<b>Initial size of nodule:</b> _____ mL
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.				<b>1 month:</b> _____ mL
4F	I eat smaller meals more often due to my swallowing problem.				
6P	I have to swallow again before food will go down.				<b>VRR:</b> _____
2E	I feel depressed because I can't eat what I want.				<b>3 months:</b> _____ mL
3E	I don't enjoy eating as much as I used to.				
5F	I don't socialize as much due to my swallowing problem.				<b>VRR:</b> _____
6F	I avoid eating because of my swallowing problem.				<b>6 months:</b> _____ mL
7F	I eat less because of my swallowing problem.				
4E	I am nervous because of my swallowing problem.				<b>VRR:</b> _____
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.				

2

3

4

5

6

Normal

Moderate Problem

Severe Problem

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)

Place a check in the box that describes your swallowing difficulty

Total

P (Physical)

F (Functional)

E (Emotional)

Values are given as mean  $\pm$  SD

Normal, n - 35; Mild n - 65; Moderate, n - 93; Severe, n - 20

Table 4 Subscales by self-perceived dysphagia severity for dysphagia group

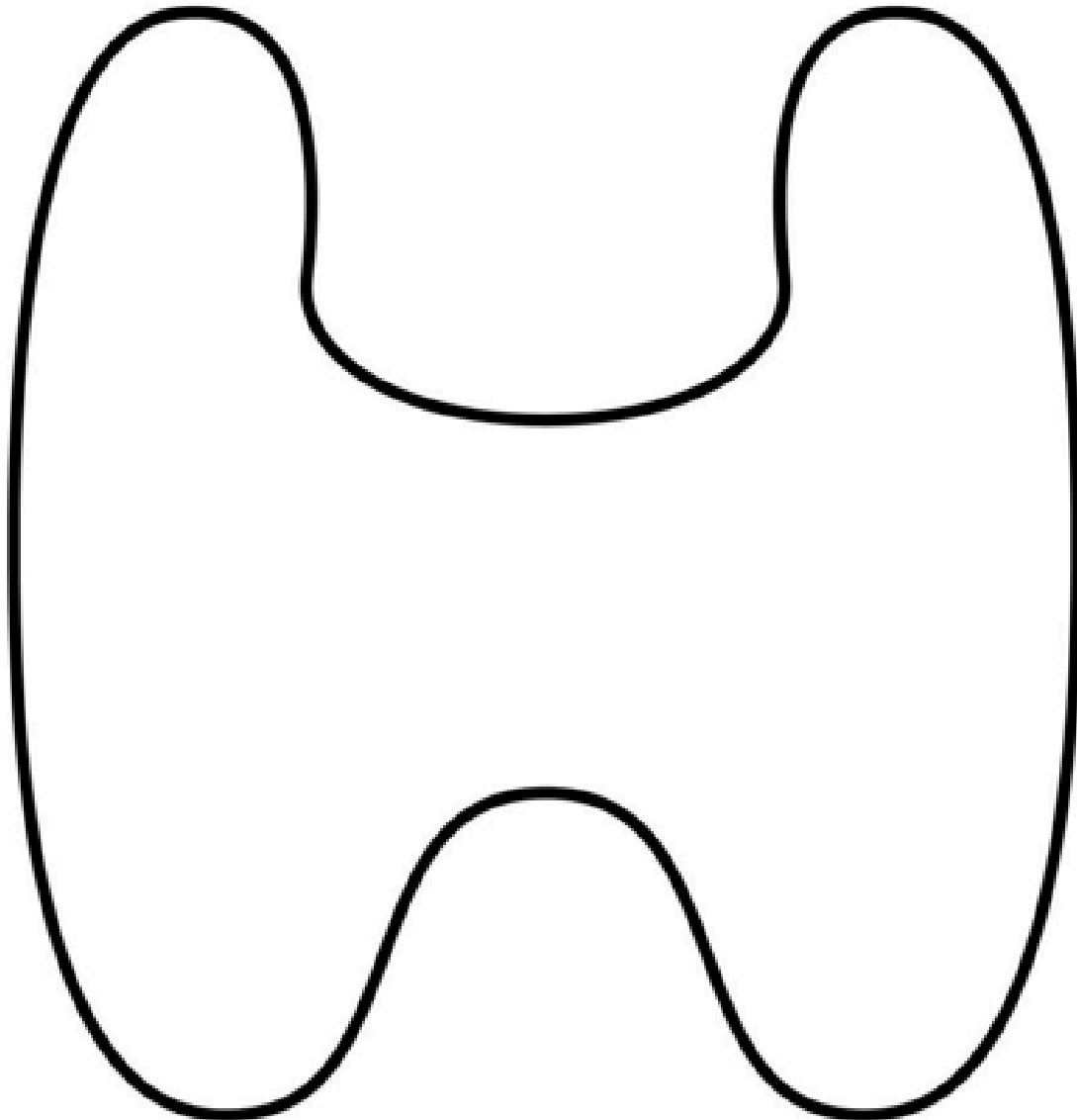
Subscale	Normal	Mild	Moderate	Severe
Total	7.89 $\pm$ 7.75	15.69 $\pm$ 9.77	34.86 $\pm$ 16.01	63.20 $\pm$ 23.38
Physical	4.74 $\pm$ 3.66	8.68 $\pm$ 3.80	13.85 $\pm$ 5.55	21.50 $\pm$ 7.70
Functional	2.34 $\pm$ 4.27	4.58 $\pm$ 5.28	13.68 $\pm$ 8.51	24.00 $\pm$ 10.68
Emotional	0.80 $\pm$ 2.53	2.43 $\pm$ 2.90	7.33 $\pm$ 5.74	17.70 $\pm$ 8.37





Toxic nodule

Non-toxic nodule



RIGHT

LEFT