

Protocol ID: _____

Study Name: _____

Site: _____

Event Name: _____

Event Date: _____

Study Subject ID: _____

Interviewer Name: _____

Interview Date: _____

BLSA Swallowing Questionnaire - Ver 1.0

Section Title: Swallowing

Date Completed

☐ Blank

Tester ID

I cough when I drink liquids... ☐ Never ☐ Sometimes ☐ AlwaysI cough when I eat solid food... ☐ Never ☐ Sometimes ☐ AlwaysI need to drink fluids to wash food down... ☐ Never ☐ Sometimes ☐ AlwaysI choke when I take my medication... ☐ Never ☐ Sometimes ☐ Always