

# Diagnostic list for Dysphagia and Dysarthria in (pediatric) Patients with Neuromuscular Diseases (DDD(p)NMD)

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Are you often ill as a result of swallowing problems ?	Yes - No
Do you suffer from respiratory infections?	Yes - No
Do you use antibiotics on a long-term basis?	Yes - No
Do specific foods cause problems with swallowing?	Yes - No
Swallowing problems:	
<input type="checkbox"/> never occur;	
<input type="checkbox"/> occur with solid foods;	
<input type="checkbox"/> occur with pureed food and thick liquids;	
<input type="checkbox"/> occur both with liquids and solid foods.	
Do you dread mealtimes?	Yes - No
Do you sometimes refuse food?	Yes - No
Do you adapt food, for instance by cutting it into small pieces, pureeing it or avoiding hard foods?	Yes - No
Do you experience difficulty with chewing?	Yes - No
Do your jaws get tired when chewing?	Yes - No
Do mealtimes take a long time (longer than 30 minutes)?	Yes - No
Do you tend to choke ('yes' if you choke more than once a day)	Yes - No
Do you tend to gag or vomit?	Yes - No
Do you cough when swallowing solid foods?	Yes - No

Do you cough when swallowing liquids?	Yes - No
Do you feel as if food is sticking in your throat?	Yes - No
The feeling of food sticking in the throat:	
<input type="checkbox"/> Does not occur;	
<input type="checkbox"/> Occurs with solid foods;	
<input type="checkbox"/> Occurs with pureed and thick liquids;	
<input type="checkbox"/> Occurs with both liquids and solid foods.	
Do you experience excessive burping?	Yes - No
Do you get tired when eating?	Yes - No
When you eat do you tend to drool?	Yes - No
Is your mouth often open?	Yes - No
Is your mouth opening limited for brushing teeth?	Yes - No
Do you experience jaw problems with biting off a large piece of food?	Yes - No
Do you experience jaw problems with biting off hard foods ?	Yes - No
Do you experience jaw problems when yawning?	Yes - No
Do you experience jaw problems when laughing?	Yes - No
Do you experience jaw problems when you are tired?	Yes - No
Do you experience jaw problems when you are waking up?	Yes - No
Is your daily intake for solid foods sufficient?	Yes - No
Is your daily intake of liquids sufficient?	Yes - No
Do you make (partial) use of tube feeding?	Yes - No
Are you gaining too much weight?	Yes - No
Are you losing weight?	Yes - No
Is your weight too low	Yes - No

Is (or was) a dietician involved?	Yes - No
Do you suffer from shortness of breath when talking?	Yes – No
Do you get tired when talking?	Yes – No
When you talk to people, do they ask you to repeat what you said?	Yes – No
Do people have problems understanding you when you are talking in a noisy environment?	Yes – No
Do you suffer from a sore throat due to talking?	Yes – No
Is your voice loud enough?	Yes - No