Dysphagia Symptom Questionnaire (DSQ)

The Dysphagia Symptom Questionnaire (version 4.0) and score for each patient-recorded response.^a

Question	Patient Response Options	Score
1. Since you woke up this morning, did you eat solid food? ^b	No	
	Yes	
2. Since you woke up this morning, has food gone down slowly or been stuck in your throat?	No	0
	Yes	2
3. For the most difficult time you had swallowing food today (during the past 24 hours), did you have to do anything to make the food go down or to get relief?	No , it got better or cleared up on its own	0
	Yes , I had to drink liquid to get relief	1
	Yes , I had to cough and/or gag to get relief	2
	Yes , I had to vomit to get relief	3
	Yes , I had to seek medical attention to get relief	4
4. The following question concerns the amount of pain you have experienced when swallowing food. What was the worst pain you had while swallowing food over the past 24 hours? ^c	None, I had no pain	0
	Mild	1
	Moderate	2
	Severe	3
Adapted with permission from Hudgens S, Evans C, Phillips E, et al. <i>J Patient Rep Outcomes</i> . 2017;1(1):3.	Very Severe	4

^aThe scoring algorithm was constructed from responses to questions 2 and 3, to ensure that the final DSQ score was driven by the frequency and severity of dysphagia.

DSQ scores can range from 0-84, with lower scores indicating less frequent or less severe dysphagia symptoms, calculated as: $[(Q2+Q3) \times 14 \text{ days}] / \text{total full days reported.}^1$

Reference: 1. Hudgens S, Evans C, Phillips E, et al. J Patient Rep Outcomes. 2017;1(1):3.



^bResponse to question 1 were unscored.

Response to question 4 were not included as part of the psychometric analysis; question 4 is a standalone item on the DSQ.