

## Appendix 1

### Swallowing disturbance questionnaire<sup>39</sup>

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Questions		0 Never	1 Seldom (once a month or less)	2 Frequently (1-7 times/ week)	3 Very frequently (more than 7 times/ week)
1	Do you experience difficulty chewing solid food like an apple, cookie or a cracker?				
2	Are there any food residues in your mouth, cheeks, under your tongue or stuck to your palate after swallowing?				
3	Does chewed up food dribble from your mouth?				
4	Does food or liquid come out of your nose when you eat or drink?				
5	Do you feel you have too much saliva in your mouth; do you drool or have difficulty swallowing your saliva?				
6	Do you swallow chewed up food several times before it goes down your throat?				
7	Do you experience difficulty in swallowing solid food (i.e., do apples or crackers get stuck in your throat)?				
8	Do you experience difficulty in swallowing pureed food?				
9	While eating, do you feel as if a lump of food is stick in your throat?				
10	Do you cough while swallowing liquids?				
11	Do you cough while swallowing solid foods?				
12	Immediately after eating or drinking, do you experience a change in your voice, such as hoarseness or reduced?				
13	Other than during meals, do you experience coughing or difficulty breathing as a result of saliva entering your windpipe?				
14	Do you experience difficulty in breathing during meals?				
15	Have you suffered from a respiratory infection (Pneumonia, bronchitis) during the past year?	Yes	No		