

# Dysphagia Symptom Questionnaire (DSQ)

Question	Response Options	Score
Since you woke up this morning, did you eat solid food?	No	N/A
	Yes	N/A
Since you woke up this morning, has food gone down slowly or been stuck in your throat?	No	0
	Yes	2
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
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?	None, I had no pain	0
	Mild	1
	Moderate	2
	Severe	3
	Very severe	4

**Source:**

Adapted from Hudgens S, Evans C, Phillips E, Hill M. Psychometric validation of the Dysphagia Symptom Questionnaire in patients with eosinophilic esophagitis treated with budesonide oral suspension. *J Patient Rep Outcomes*. 2017;1(1):3.