How was the PRO administered? ☐Individual completed independently ☐Caregiver completed
☐Clinician interviewed individual ☐Clinician interviewed caregiver

NOMS Admission Patient-Reported Outcome (PRO) Form

Pediatric Eating Assessment Tool (PEDI-EAT-10)

Age Range: 3-17

PEDI-EAT-10 Instructions: These are statements that many people have used to describe the effect of swallowing problems on their lives. Mark the response that indicates how frequently your child has the same experience.

Source: Serel Arslan, S., Demir, N., et al. (2018). The Pediatric Version of the Eating Assessment Tool: a caregiver administered dysphagia-specific outcome instrument for children. *Disability and Rehabilitation*, 40(17), 2088–2092.

	0 No problem	**1**	**2**	**3**	**4 Severe problem**
My child does not gain weight due to his/her swallowing problem.	☐	☐	☐	☐	☐
Swallowing problem of my child interferes with our ability to go out for meals.	☐	☐	☐	☐	☐
Swallowing liquids takes extra effort for my child.	☐	☐	☐	☐	☐
Swallowing solids takes extra effort for my child.	☐	☐	☐	☐	☐
My child gags during swallowing.	☐	☐	☐	☐	☐
My child acts like he/she is in pain while swallowing.	☐	☐	☐	☐	☐
My child does not want to eat.	☐	☐	☐	☐	☐
Food sticks to my child's throat and my child chokes while eating.	☐	☐	☐	☐	☐
My child coughs while eating.	☐	☐	☐	☐	☐
Swallowing is stressful for my child.	☐	☐	☐	☐	☐

Clinician Name: _____ Patient Name: _____ Facility: _____

How was the PRO administered? ☐Individual completed independently ☐Caregiver completed
☐Clinician interviewed individual ☐Clinician interviewed caregiver

NOMS Discharge Patient-Reported Outcome (PRO) Form & Satisfaction Survey

Pediatric Eating Assessment Tool (PEDI-EAT-10)

Age Range: 3-17

PEDI-EAT-10 Instructions: These are statements that many people have used to describe the effect of swallowing problems on their lives. Mark the response that indicates how frequently your child has the same experience.

Source: Serel Arslan, S., Demir, N., et al. (2018). The Pediatric Version of the Eating Assessment Tool: a caregiver administered dysphagia-specific outcome instrument for children. *Disability and Rehabilitation*, 40(17), 2088–2092.

	0 No problem	**1**	**2**	**3**	**4 Severe problem**
My child does not gain weight due to his/her swallowing problem.	☐	☐	☐	☐	☐
Swallowing problem of my child interferes with our ability to go out for meals.	☐	☐	☐	☐	☐
Swallowing liquids takes extra effort for my child.	☐	☐	☐	☐	☐
Swallowing solids takes extra effort for my child.	☐	☐	☐	☐	☐
My child gags during swallowing.	☐	☐	☐	☐	☐
My child acts like he/she is in pain while swallowing.	☐	☐	☐	☐	☐
My child does not want to eat.	☐	☐	☐	☐	☐
Food sticks to my child's throat and my child chokes while eating.	☐	☐	☐	☐	☐
My child coughs while eating.	☐	☐	☐	☐	☐
Swallowing is stressful for my child.	☐	☐	☐	☐	☐

Clinician Name: _____ Patient Name: _____ Facility: _____

How was the PRO administered? ☐Individual completed independently ☐Caregiver completed

☐Clinician interviewed individual ☐Clinician interviewed caregiver

NOMS Discharge Patient-Reported Outcome (PRO) Form (continued)

NOMS Satisfaction Survey

Instructions: Please tell us your thoughts about your child's swallowing.

Source: American Speech-Language-Hearing Association (2019). NOMS Satisfaction Survey.

	Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree
I was involved in the planning and delivery of my child's treatment.	☐	☐	☐	☐	☐
Because of speech-language pathology services, I have a better understanding of my child's swallowing problem.	☐	☐	☐	☐	☐
Because of speech-language pathology services, I feel like my child's swallowing problem has improved.	☐	☐	☐	☐	☐
Because of speech-language pathology services, I feel like my child has the swallowing skills needed to participate in a variety of activities.	☐	☐	☐	☐	☐

Clinician Name: _____ Patient Name: _____ Facility: _____