

IQoro® - Thank you for taking the time to tell us about your experience

Select who is completing this questionnaire:

- The patient who used IQoro®
- A family member or carer who is noting the answers as given by the patient who used IQoro
- A family member or carer who is answering questions on behalf of the patient who used IQoro

Please tick the appropriate box to indicate how strongly you agree or disagree with each statement. Please add comments as appropriate

	Strongly agree 1	Somewhat agree 2	Not Sure 3	Somewhat disagree 4	Strongly disagree 5	Comments
I understood what the goals of this treatment programme were						
I understood how to carry out the programme after my introductory training session						
For those training independently: this device was easy to use						
For those training with assistance: it was easy for someone else to support me to use this device						
This device had NO negative side effects (if disagree please comment)						
It was easy to train at the recommended frequency of three times per day						
I would recommend this device to other people with swallowing problems						
This device has improved my ability to swallow						
This device has improved other symptoms I was suffering from eg snoring, sleep problems, acid reflux (please comment)						
My quality of life has improved as a result of IQoro eg being able to socialise, eat with others, improved sleep (please comment)						

please add any other comments overleaf →

Any other comments:

For Office Use: Evaluation ID number