

## RADBOUD ORAL MOTOR INVENTORY FOR PARKINSON'S DISEASE

### Participant Self-Evaluation

The Radboud Oral Motor Inventory for Parkinson's disease (ROMP) is a self-evaluation tool to evaluate perceived problems with speech, swallowing and saliva control in patients with PD or atypical Parkinsonism. This can be used to identify initial concerns or monitor any changes. Share your results with your physician and health care team to help facilitate support in the areas identified as troublesome. You can complete the ROMP every 6 months to a year, or anytime you think you have experienced changes in drooling, communication or swallowing. We recommend keeping previously completed copies for comparison. Please refer to your responses on the ROMP Questionnaire to help increase your awareness of any difficulties with communication and speech.

#### PART A - SPEECH

**1) My voice nowadays is:**

- a) My voice sounds normal.
- b) My voice sounds a bit softer or more hoarse than it used to be.
- c) My voice is clearly softer or more hoarse.
- d) My voice is very soft or hoarse.
- e) My voice can hardly be heard.

**2) My ability to speak to familiar people:**

- a) Familiar people find me intelligible as normal; I do not have to repeat.
- b) For familiar people, I am sometimes less intelligible when I am tired or do not pay attention.
- c) For familiar people, I am frequently less intelligible; I have to repeat multiple times.
- d) For familiar people, I am very often unintelligible, especially when I am tired.
- e) For familiar people, I am usually unintelligible, also when I repeat.

**3) My ability to speak to strange people:**

- a) Strange people find me intelligible as normal; I do not have to repeat.
- b) For strange people, I am sometimes less intelligible when I am tired or do not pay attention.
- c) For strange people, I am frequently less intelligible; I have to repeat multiple times.
- d) For strange people, I am very often unintelligible, especially when I am tired.
- e) For strange people, I am usually unintelligible, also when I repeat.

**4) The use of my telephone:**

- a) Using the telephone is no problem for me at all.
- b) I use my telephone as I used to do, but I need to pay more attention than I used to do.
- c) I have to repeat regularly when I am on the telephone.
- d) I am reluctant to use the telephone because people do not understand me.
- e) Using the telephone is impossible for me because my speech is inadequate.

**5) When I start to talk:**

- a) I can say what I want to say as easy as I used to.
- b) I sometimes have to think a bit longer than I used to.
- c) I need more time or easily forget what I wanted today.
- d) I need help to formulate my thoughts.
- e) I usually do not know what to say and prefer to stay silent.

**6) Having a conversation in a group:**

- a) I can take part in conversations as always.
- b) I can take part in a conversation, but I need to pay more attention.
- c) I can take part in a conversation only when others take into account that I need more time.
- d) I can take part in a conversation only when familiar people assist me.
- e) I feel left out because I cannot take part.

**7) How bothered are you as a result of your difficulty speaking?**

- a) I have no difficulty speaking.
- b) My difficulty speaking bothers me a little.
- c) I am bothered by my difficulty speaking, but it is not my priority concern.
- d) My difficulty speaking bothers me a lot because it is very limiting.
- e) Difficulty speaking is the worst aspect of my disease.

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**PART B - SWALLOWING**

**1) How many times do you choke when eating or drinking?**

- a) I do not choke at all or not more than I used to.
- b) I choke about once a week.
- c) I choke almost daily.
- d) I choke about 3 times a day or during every meal.
- e) I choke more than 3 times a day or multiple times during meals.

**2) Are you limited during drinking?**

- a) I can drink liquids as easily as I used to.
- b) I can easily drink liquids, but I choke a little easier than used to.
- c) I can drink safely only when I concentrate on it.
- d) To drink safely, I need to use a special cup or technique.
- e) I can drink safely only when I take thickened liquids.

**3) Are you limited during eating?**

- a) I can eat as easily as I used to.
- b) I can eat everything, but it takes me longer than before.
- c) I have to avoid tough or hard solid foods (meat, peanuts, etc.).
- d) I can eat only soft or easy chewable food.
- e) I have to use supplemental or non-oral feeding.

**4) Do you have difficulty swallowing pills?**

- a) I take my pills just like I used to.
- b) I have a little more difficulty swallowing my pills than I used to.
- c) I can take my pills only with applesauce or using a specific technique.
- d) Swallowing my pills is a struggle nowadays.
- e) I cannot swallow pills anymore and need another way of taking medication.

**5) Does your swallowing difficulty limit your dining with others?**

- a) Eating with others is no problem for me at all.
- b) I dine and drink with others, but I have to take my swallowing difficulty into account.
- c) I prefer eating in the presence of familiar people in familiar places.
- d) I eat only at home and in the presence of familiar people.
- e) I can eat only at home and with the assistance of a skillful caregiver.

**6) Are you concerned about your difficulty swallowing?**

- a) I do not experience difficulty.
- b) I have some difficulty swallowing, but I am not concerned about it.
- c) I am a little concerned about my difficulty swallowing.
- d) I am becoming more concerned about my difficulty swallowing.
- e) I am very much concerned about my difficulty swallowing.

**7) How bothered are you as a result of your difficulty swallowing?**

- a) I have no difficulty swallowing.
- b) My difficulty swallowing bothers me a little.
- c) I am bothered by my difficulty swallowing, but it is not my priority concern.
- d) My difficulty swallowing bothers me a lot because it is very limiting.
- e) My difficulty swallowing is the worst aspect of my disease.

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**PART C - SALIVA**

**1) Do you experience loss of saliva during the day?**

- a) I do not lose saliva during the day and do not feel accumulation of saliva in my mouth.
- b) I do not lose saliva, but I feel accumulation of saliva in my mouth.
- c) I lose some saliva in the corners of my mouth or on my chin.
- d) I lose saliva on my clothes.
- e) I lose saliva on my clothes, but also on books or on the floor.

**2) How often do you experience increased amounts or loss of saliva?**

- a) Less than once a day.
- b) Occasionally: on average, once or twice a day.
- c) Frequently: 2 to 5 times a day.
- d) Very often: 6 to 10 times a day.
- e) Almost constantly.

- 3) Do you experience loss of saliva during the night?**
- a) I do not experience loss of saliva during the night at all.
  - b) My pillow sometimes gets wet during the night.
  - c) My pillow regularly gets wet during the night.
  - d) My pillow always gets wet during the night.
  - e) Every night my pillow and other bedclothes get wet.
- 4) Does your (loss of) saliva impair your eating and drinking?**
- a) No, my (loss of) saliva does not impair my eating or drinking.
  - b) Yes, my (loss of) saliva occasionally impairs my eating or drinking.
  - c) Yes, my (loss of) saliva frequently impairs my eating or drinking.
  - d) Yes, my (loss of) saliva very often impairs my eating or drinking.
  - e) Yes, my (loss of) saliva always impairs my eating or drinking.
- 5) Does your (loss of) saliva impair your speech?**
- a) No, my (loss of) saliva does not impair my speech.
  - b) Yes, my (loss of) saliva occasionally impairs my speech.
  - c) Yes, my (loss of) saliva frequently impairs my speech.
  - d) Yes, my (loss of) saliva very often impairs my speech.
  - e) Yes, my (loss of) saliva always impairs my speech.
- 6) What do you have to do to remove saliva?**
- a) I do not have to remove saliva.
  - b) I always carry a handkerchief to remove possible saliva.
  - c) I daily use 1 or 2 handkerchiefs to remove some saliva.
  - d) I daily need more than 2 handkerchiefs to remove saliva.
  - e) I need to remove saliva so frequently that I always keep tissues near me or use a towel to protect my clothes.
- 7) Does the loss of saliva limit you in contacts with others?**
- a) My loss of saliva does not limit me in contacts with others.
  - b) I have to pay attention, but that does not bother me.
  - c) I have to pay more attention because I know that others could see me losing saliva.
  - d) I try to avoid contact when I know that I lose saliva.
  - e) I notice that others avoid having contact with me because I lose saliva.
- 8) Does your loss of saliva limit you in doing activities inside or outside your home (work, hobbies)?**
- a) My (loss of) saliva does not limit me in activities.
  - b) I have to pay attention when I am busy, but that does not bother me.
  - c) I have to pay more attention, which is rather effortful.
  - d) My loss of saliva limits me in being active.

**9) How bothered are you as a result of your (loss of) saliva?**

- a) Due to my loss of saliva, important activities are no longer possible for me.
- b) I hardly notice loss of saliva.
- c) Feeling more saliva or losing it bothers me a little.
- d) I am bothered by my loss of saliva, but it is not my priority concern.
- e) My loss of saliva bothers me a lot because it is very limiting.
- f) Losing saliva is the worst aspect of my disease.