SWALLOWING DISORDERS CHECKLIST

NAME: _____ DOB: _____ Residence: _____

☐Male ☐Female Provider Agency:_____ ☐ICF ☐CRCF ☐CTH-I ☐CTH-II ☐SLP-I ☐SLP-II ☐Other

THOROUGHLY REVIEW INSTRUCTIONS BEFORE COMPLETING
Note: **YES** or **NO** for each statement and **CHECK ALL BOXES** that apply

Year:			
Month/Day observed:			
Current Weight:			
1. CHOKING INCIDENT with AIRWAY OBSTRUCTION. Incident Date:_____ *(Report in GER and as Critical Incident)* Intervention required: ☐Heimlich ☐Back Thrusts Food/non-food Item:_____			
2. "CHOKING" type incident WITHOUT airway obstruction (no intervention required) Incident date:_____ Food/non-food Item:_____			
3. Coughs consistently: ☐Before ☐During or ☐After meals			
4. ☐Coughs at night while sleeping or when lying down ☐Has morning hoarseness			
5. "Gets choked" or gags during meals. Specific situations:_____			
6. Has documented progressive weight loss (planned or unplanned) or is noticeably under weight. ☐Planned ☐Unplanned			
7. Refuses or has difficulty with certain textures. (Liquids, grainy foods, chopped meats, etc.) If yes, list Texture(s):_____			
8. ☐Sounds wet or gurgly, when breathing or talking before, during or after eating/drinking ☐Has excessive throat clearing			
9. Has ☐frequent colds/respiratory illnesses ☐Recurrent upper respiratory infections ☐Consistent/ongoing congestion, or ☐Been diagnosed with PNEUMONIA in the last 12 months			
10. ☐Multiple swallows are needed to clear mouth of food/liquid ☐Holds food in mouth ☐Pockets food in cheeks			
11. Requires extended time to complete meals. (>30 minutes for reasons other than socialization) Describe:_____			
12. ☐Eats at a fast pace ☐Over packs mouth ☐Swallows without adequate chewing, or ☐Takes large bites off of whole food items (i.e., sandwiches, breads, cookies, etc.)			
13. Takes food/liquid from other consumers or has a history of this behavior.			
14. Refuses to eat or is eating less than they normally would.			
15. ☐Vomits ☐Regurgitates ☐belches/burps during or after a meal. How often?_____			
16. Engages in Hand Mouthing Behavior: ☐During/after meals ☐Throughout day			
17. Neck extension is observed during meals when eating/swallowing. Describe:_____			

IF ANY IEMS ARE SCORED "YES," THE SWALLOWING DISORDERS FOLLOW-UP ASSESSMENT MUST ALSO BE COMPLETED.

1st Review Signature: _____ Date: _____

Phone#: _____ Email: _____

2nd Review Signature: _____ Date: _____

Phone#: _____ Email: _____

3rd Review Signature: _____ Date: _____

Phone#: _____ Email: _____