

RISK FACTORS INDICATING POSSIBLE SWALLOWING DYSFUNCTION

Name:

Birthdate:

Evaluation Date:

Evaluators:

Clinical signs, which may occur alone or in combination, are:

	YES	NO	?	COMMENTS
1. Excessive drooling				
2. History of pneumonia, allergies, wheeze or asthma				
3. Wet, gurgling voice sound during or after eating				
4. Coughing, choking, throat clearing during/after eating				
5. Nasal/gastro esophageal reflux				
6. Apnea or cyanosis				
7. Food pocketing or residual food in mouth				
8. Abnormal or absent sucking or chewing				
9. Limited voluntary movement of tongue, lips or cheeks				
10. Difficulty swallowing; Delayed or absent swallow trigger reflex				
11. Tongue thrust				
12. Multiple swallow				
13. Feeding takes longer than ½ hour				
14. Weight loss or underweight				
15. Decreased head/trunk control				
16. Abnormal muscle tone (exceptionally low or high)				
17. Diminished responsiveness or alertness				
18. Requires special positioning or equipment				
19. Frequent irritability				
20. Fear or reluctance toward food				
21. Difficulty holding food in mouth				
22. Chronic constipation				
23. Congestion				
24. Presence of seizure disorder				
25. Poor growth				
26. Poor general health				