

# Swallowing Questionnaire to Provide Additional History

Patient \_\_\_\_\_ SLP \_\_\_\_\_

Date \_\_\_\_\_

1. Do you have any problems with swallowing? ☐ yes ☐ no

If so, when did the problem start? \_\_\_\_\_  
\_\_\_\_\_

Briefly describe the difficulty. \_\_\_\_\_  
\_\_\_\_\_

2. Did the start of your swallowing problem relate to other medical problems you have? ☐ yes ☐ no

If so, please describe. \_\_\_\_\_  
\_\_\_\_\_

3. When you eat or drink, do you have episodes of coughing? ☐ yes ☐ no

When you eat or drink, do you have episodes of choking? ☐ yes ☐ no

4. Do you wear dentures when you eat? ☐ yes ☐ no

5. Does food or drink ever "go down the wrong way"? ☐ yes ☐ no

6. Does your food generally require special preparation before you can eat it? ☐ yes ☐ no

If so, please describe. \_\_\_\_\_  
\_\_\_\_\_

7. Do you avoid certain foods because they are difficult to swallow? ☐ yes ☐ no

If so, please list examples. \_\_\_\_\_  
\_\_\_\_\_

**Swallowing Questionnaire to Provide Additional History**, *continued*

8. Do you find food in your mouth after you swallow? ☐ yes ☐ no

9. Do you have difficulty keeping food or drink in your mouth? ☐ yes ☐ no

10. Do liquids ever come back through your nose when you swallow them? ☐ yes ☐ no

11. Do you ever feel that food gets “stuck” in your throat? ☐ yes ☐ no

If so, describe where it feels stuck. \_\_\_\_\_

12. Do you regularly wake up at night coughing? ☐ yes ☐ no

13. Do you often wake up with a bad / sour taste in your mouth? ☐ yes ☐ no

14. Is your swallowing problem intermittent / constant? (Circle one.)

15. Has your swallowing problem changed over time? ☐ yes ☐ no

If so, please describe. \_\_\_\_\_

\_\_\_\_\_

16. Are there any factors that make your swallowing problem worse? ☐ yes ☐ no

If so, please describe. \_\_\_\_\_

\_\_\_\_\_

17. Do you have more difficulty swallowing when in any certain position? ☐ yes ☐ no

If so, please describe. \_\_\_\_\_

\_\_\_\_\_

**Swallowing Questionnaire to Provide Additional History**, *continued*

18. Have you had pneumonia recently? ☐ yes ☐ no

If so, when? \_\_\_\_\_  
\_\_\_\_\_

19. Has your voice changed in the past year? ☐ yes ☐ no

If so, check all that apply.

- ☐ hoarse  
☐ whispery/breathy  
☐ quieter  
☐ need to clear your throat more  
☐ other \_\_\_\_\_

20. Did the changes in your voice start gradually / suddenly? (Circle one.)

21. What was the date of onset of your voice change? \_\_\_\_\_

22. Has your speech changed in the past year? ☐ yes ☐ no

If so, check all that apply.

- ☐ slurring  
☐ talking through your nose  
☐ other \_\_\_\_\_

23. Did the changes in your speech start gradually / suddenly? (Circle one.)

24. What was the date of onset of your speech change? \_\_\_\_\_

25. Have you had any previous swallowing or throat problems? ☐ yes ☐ no

If so, please describe. \_\_\_\_\_  
\_\_\_\_\_

# Family Goals for Safe Feeding

- \_\_\_\_\_ 1. Family demonstrates the ability to safely position the patient.
  - ☐ Positioning the patient as upright as possible, ideally at 90°
  - ☐ Placing a pillow behind the back and neck if needed
  - ☐ Using other positioning changes recommended by the speech-language pathologist:
- \_\_\_\_\_ 2. Family is able to state signs and symptoms of difficulty with the oral phase of swallowing.
- \_\_\_\_\_ 3. Family is able to state signs and symptoms of aspiration.
- \_\_\_\_\_ 4. Family demonstrates the ability to help the patient use specific compensatory techniques for meals that have been taught to him/her.

*To compensate for oral problems:*

- ☐ Lip support
- ☐ External pressure to cheek
- ☐ Reminding patient to sweep mouth with tongue

*To compensate for decreased lifting of the larynx:*

- ☐ Mendelsohn maneuver

*To compensate for decreased closure of the larynx:*

- ☐ Super-supraglottic swallow
- ☐ Periodic cough/throat clear

*To compensate for residue:*

- ☐ Effortful swallow
- ☐ Alternate sips of (thickened) liquids every few bites
- ☐ Swallowing twice for each bite/sip

*To compensate for delayed swallow:*

- ☐ Thermal-tactile stimulation
- ☐ Alternating bites of cold food

- \_\_\_\_\_ 5. Family demonstrates the ability to thicken liquids to appropriate consistency.
- \_\_\_\_\_ 6. Family demonstrates the ability to administer medications.
- \_\_\_\_\_ 7. Family is able to perform oral care. (See *Home Oral Care Guidelines for Patients Who Cannot Have Thin Liquids.*)

# Teaching Sheet for PO Feeding

Note: These items correspond directly with the *Family Goals for Safe Feeding* handout also on this CD.

1. Suggested techniques for positioning a patient for safe feeding may include the following:
  - Sitting up as straight as possible at 90°
  - Placing a pillow or towel roll behind the back and neck
  - Tucking the chin
  - Turning the head to one side
2. Signs and symptoms of difficulty with the oral phase of swallowing:
  - Pocketing of food
  - Drooling
  - Weak lip closure
3. Signs and symptoms of aspiration:
  - Coughing
  - Choking
  - Throat clearing
  - Wet gurgling voice after swallowing
  - Leakage of food or saliva around tracheostomy or mouth

Patients having silent aspiration DO NOT cough or choke and may appear to swallow safely.

4. Compensatory techniques to assist in safe feeding (detailed information about appropriate techniques can be obtained from the speech-language pathologist) may include the following:

*To compensate for oral problems:*

- Lip support
- External pressure to cheek
- Reminding patient to sweep mouth with tongue

*To compensate for decreased lifting of the larynx:*

- Mendelsohn maneuver

*To compensate for decreased closure of the larynx:*

- Super-supraglottic swallow
- Periodic cough/throat clear

*To compensate for residue:*

- Effortful swallow
- Alternate sips of (thickened) liquids every few bites
- Swallowing twice for each bite/sip

*To compensate for delayed swallow:*

- Thermal-tactile stimulation
- Alternating bites of cold food

5. If thickened liquids are ordered, all liquids should be made the same consistency by using \_\_\_\_\_. Follow the directions on the package. Thicken to \_\_\_\_\_ consistency.
6. The proper technique for administering medications will be posted on the Swallowing Guidelines sheet. Observe the patient while swallowing medications. Then check inside the mouth for pocketing or inability to swallow.
7. Oral care should be given after each meal. A lip moisturizer is suggested for dry lips. If the patient is on thickened liquids, make sure he/she doesn't swallow plain water during oral care.