

Berlin (Bolus) Swallow Test (BST)

Patient: _____ Date of birth: _____ Date of examination: _____

1. Saliva swallow test (mark with a cross where applicable)

Clinical findings	Score
Spontaneous swallowing	①
Restricted vigilance	①
Swallowing following oral stimulation (F.O.T.T. [®])	②
Breathing (airway obstruction, breath sound, raised frequency, ect.)	③
Coughing with follow-up swallow	④
Gurgling voice sound after swallowing (wet voice)	⑤
Coughing with no follow-up swallow	⑥
Unable to swallow	⑦
Total	

2. Bolus swallow test (mark with a cross where applicable)

Clinical findings	Score			
	Jelly or apple sauce	2x 1/3 (1g) teaspoon	2x 1/2 (2,5g) teaspoon	2x 1 (5g) teaspoon
Spontaneous swallowing	①	①	①	①
Breathing (airway obstruction, breath sound, raised frequency, ect.)	①	①	①	①
Coughing (up to 1 min after swallowing) with follow-up swallow	②	②	②	②
Gurgling voice sound after swallowing (wet voice)	③	③	③	③
Coughing (up to 1 min after swallowing) with no follow-up swallow	④	④	④	④
Unable to swallow	⑤	⑤	⑤	⑤
Point score				
Total of saliva and bolus swallow tests				

3. Evaluation of saliva and bolus swallow test (mark with a cross where applicable)

Score	Severity	Current patient status
0 – 3	No swallowing disorder	<input type="radio"/>
4 – 11	Mild swallowing disorder	<input type="radio"/>
>= 12	Severe swallowing disorder	<input type="radio"/>

Examination could not be performed because: _____

3.1 Dietetic recommendation

Oral feeding: Yes No

Recommendation: _____

Additional diagnostic tests: Yes No

Examiner: _____