**Screening swallowing disorders in children**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | | | | | | | | | | | | **Date of birth** | | | | | | | **Gender** | | |
| **Known Diseases**  **Diagnoses** | | |  | | | | | | | | | | | | | | | | | | | |
| **Oral meals** | | Number per day | | | | |  | | | | Duration of a meal | | | | | | |  | | | | |
| Consistencies  (age-appropriate)? | | | | Liquid | | |  | Pureed | | | |  | | Solid | | | |  | | | None  NPO |  |
| **Food intake** | | Independently | | |  | Assisted | | | | | | | |  | Mouth odor | | | | | | |  |
|  | | Nasogastric tube | | |  | | | | | | | | | PEG, others; since | | | | | | | |  |
| **Position** | | Sitting |  | | Lying | | | |  |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Weight | | | | | Increase | | | | | |  | | Stabile | | | |  | | Decrease | | |  |
| Refusal of oral intake | | | | | No | | | | | |  | | Seldom | | | |  | | Always | | |  |
| Apathy/no interest | | | | | No | | | | | |  | | Seldom | | | |  | | Always | | |  |
| Drooling | | | | | No | | | | | |  | | Seldom | | | |  | | Always | | |  |
| Wet, gurgely voice | | | | | No | | | | | |  | | Seldom | | | |  | | Always | | |  |
| Coughing during meal | | | | | No | | | | | |  | | Seldom | | | |  | | **Always** | | |  |
| Breathing sound during/after swallowing | | | | | No | | | | | |  | | Seldom | | | |  | | Always | | |  |
| Vomiting/Reflux | | | | | No | | | | | |  | | Seldom | | | |  | | Yes | | |  |
| Bronchitis | | | | | 0‐2 per year | | | | | |  | | 3‐5 per year | | | |  | | **more** | | |  |
| Pneumonia | | | | | Yes | | | | | |  | | No | | |  | | | How often | | |  |
| Does the situation burden the family? | | | | | No | | | | | |  | | Sometimes | | | |  | | Always | | |  |

# Signature Date

**Contact**