**Screening swallowing disorders in children**

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| --- | --- | --- | --- |
| **Name** |  | **Date of birth** |  **Gender** |
| **Known Diseases****Diagnoses** |  |
| **Oral meals** | Number per day |  | Duration of a meal |  |
| Consistencies (age-appropriate)? | Liquid |  | Pureed |  | Solid |  | NoneNPO |  |
| **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**