

## Berlin (Bolus) Swallow Test (BST)

Patient: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Date of examination: \_\_\_\_\_

### 1. Saliva swallow test (mark only one item. If more than one match, select the one with the highest value)

Clinical findings	Score
Spontaneous swallowing	0
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 (clearing swallow)	4
Gurgling voice sound after swallowing (wet voice)	5
Coughing with no follow-up swallow (clearing swallow)	6
Unable to swallow	7
<b>Total</b>	

### 2. Bolus swallow test (mark only one item. If more than one match, select the one with the highest value)

Clinical findings	Score			
	Jelly or apple sauce	2x 1/3 (1g) teaspoon	2x 1/2 (2,5g) teaspoon	2x 1 (5g) teaspoon
Spontaneous swallowing	0	0	0	0
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
<b>Point score</b>				
<b>Total of saliva and bolus swallow tests</b>				

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

Score	Severity	Current patient status
0 – 3	No swallowing disorder	0
4 – 11	Swallowing disorder	0
>= 12	Severe swallowing disorder	0

Examination could not be performed because: \_\_\_\_\_

#### 3.1 Dietetic recommendation

Oral feeding: Yes  No

Recommendation: \_\_\_\_\_

Additional diagnostic tests: Yes  No

**Examiner:**