

**Clinical Swallowing Exam**

Name:  
 ID/Medical record number:  
 Date of exam:  
 Referred by:  
 Reason for referral:  
 Medical diagnosis:  
 Date of onset of diagnosis:  
 Other relevant medical history/diagnoses/surgery  
 Medications:  
 Allergies:  
 Pain:  
 Primary languages spoken:  
 Educational history:  
 Occupation:  
 Hearing status:  
 Vision status:  
 Tracheostomy:  
 Mechanical ventilation:

**Subjective/Patient Report:**

Symptoms reported by patient (check all that apply):

- Drooling
- Coughing
- Choking
- Difficulty swallowing:
  - Solids
  - Liquids
  - Pills
- Pain on swallowing
- Food gets stuck
- Weight loss
- History of aspiration or pneumonia \_\_\_\_\_
- Other: \_\_\_\_\_

**Current diet (check all that apply)**

- Solids:**  regular;  mechanical,  mechanical soft,  chopped,  minced,  
 pureed; other: \_\_\_\_\_
- Liquids:**  thin;  nectar thick;  honey thick;  pudding thick;  
 other: \_\_\_\_\_
- NPO:** Alternative nutrition method  
 Nasogastric tube

*Templates are consensus-based and provided as a resource for members of the American Speech-Language-Hearing Association (ASHA). Information included in these templates does not represent official ASHA policy.*

- Gastrostomy
- Jejunostomy
- Total parenteral nutrition (TPN)

- Feeding Method:**
- Independent in self-feeding
  - Needs some assistance
  - Dependent for feeding

- Endurance during meals:**
- Good
  - Fair
  - Poor
  - Variable

**Observations/Informal Assessment:**

**Mental Status (check all that apply):**

- alert
- responsive
- cooperative
- confused
- lethargic
- impulsive
- uncooperative
- combative
- unresponsive

**Objective Assessment:**

**Oral Status**

- Dentition
- WNL
  - Missing teeth \_\_\_\_\_
  - Decay
  - Dentures present
    - upper
    - lower

**Oral Motor, Respiration, and Phonation**

**Lips**

WNL, mild, mod, severe impairment  
Observation at rest (WNL, Edema, Erythema, Lesion): \_\_\_\_\_  
Symmetry, range, speed, strength, tone:  
    Pucker \_\_\_\_\_  
    Retraction \_\_\_\_\_  
    Alternating pucker/retraction \_\_\_\_\_  
Involuntary movement (e.g., chorea, dystonia, fasciculations, myoclonus, spasms, tremor): \_\_\_\_\_

**Tongue**

WNL, mild, mod, severe impairment  
Observation at rest (WNL, Edema, Erythema, Lesion): \_\_\_\_\_  
Symmetry, range, speed, strength, tone:  
    Protrusion \_\_\_\_\_  
    Retraction \_\_\_\_\_  
    Lateralization \_\_\_\_\_  
Involuntary movement: \_\_\_\_\_

**Jaw**

WNL, mild, mod, severe impairment  
Observation at rest: \_\_\_\_\_  
Symmetry, range, strength, tone:  
    Opening \_\_\_\_\_  
    Closing \_\_\_\_\_  
    Lateralization \_\_\_\_\_  
    Protrusion \_\_\_\_\_  
    Retraction \_\_\_\_\_  
Involuntary movement: \_\_\_\_\_

**Soft palate**

WNL, mild, mod, severe impairment  
Observation at rest (WNL, Edema, Erythema, Lesion): \_\_\_\_\_  
Symmetry, range, strength, tone: \_\_\_\_\_  
Elevation \_\_\_\_\_  
Sustained elevation \_\_\_\_\_  
Alternating elevation/relaxation \_\_\_\_\_  
Involuntary movement: \_\_\_\_\_

**Comments:**

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**Voice quality**

Activity	Duration	Quality	Loudness
Phonation	<input type="checkbox"/> WNL <input type="checkbox"/> Mildly impaired <input type="checkbox"/> Moderately impaired <input type="checkbox"/> Severely impaired	<input type="checkbox"/> WNL <input type="checkbox"/> Breathy <input type="checkbox"/> Hoarse <input type="checkbox"/> Harsh <input type="checkbox"/> Strained/strangled	<input type="checkbox"/> WNL <input type="checkbox"/> Reduced <input type="checkbox"/> Excessive

**Respiratory Sufficiency and Coordination:**

- WNL
  - Mildly impaired
  - Moderately impaired
  - Severely impaired
- Comments: \_\_\_\_\_

**Food and Liquid Trials**

Position during assessment: (check all that apply)

- Upright
  - Slightly reclined
  - Fully reclined
- Comments: \_\_\_\_\_

Factors affecting performance:

- No difficulties participating in study
- Impairment or difficulty noted in mental status
- Impairment or difficulty noted in following directions
- Impairment or difficulty noted in endurance
- Other: \_\_\_\_\_

**Saliva Swallows:**

- WNL
  - Impaired
  - Xerostomia
- Observations: \_\_\_\_\_

**Liquid Trials**

<b>Thin Liquids</b>	<b>Nectar-thick</b>	<b>Honey-thick</b>	<b>Pudding-thick</b>
<b>Administered by</b> (Check all that apply) Cup Spoon Straw Self-feeding Feeding by examiner	<b>Administered by</b> (Check all that apply) Cup Spoon Straw Self-fed Fed by examiner	<b>Administered by</b> (Check all that apply) Cup Spoon Straw Self-fed Fed by examiner	<b>Administered by</b> (Check all that apply) Cup Spoon Straw Self-fed Fed by examiner
<b>Amounts:</b>	<b>Amounts:</b>	<b>Amounts:</b>	<b>Amounts:</b>
<b>Response:</b> Volitional cough: yes/no Volitional throat clear: yes/no Spontaneous cough during trials: yes/no Spontaneous throat clear during trials: yes/no	<b>Response:</b> Volitional cough: yes/no Volitional throat clear: yes/no Spontaneous cough during trials: yes/no Spontaneous throat clear during trials: yes/no	<b>Response:</b> Volitional cough: yes/no Volitional throat clear: yes/no Spontaneous cough during trials: yes/no Spontaneous throat clear during trials: yes/no	<b>Response:</b> Volitional cough: yes/no Volitional throat clear: yes/no Spontaneous cough during trials: yes/no Spontaneous throat clear during trials: yes/no
<b>Strategies Attempted and Response:</b>	<b>Strategies Attempted and Response:</b>	<b>Strategies Attempted and Response:</b>	<b>Strategies Attempted and Response:</b>
<b>Swallowing Duration</b> (introduction of bolus to completion of pharyngeal stage): ___ sec.	<b>Swallowing Duration</b> ___ sec.	<b>Swallowing Duration</b> ___ sec.	<b>Swallowing Duration</b> ___ sec.

**Comments** \_\_\_\_\_

**Solid Food Trials**

<b>Food Item:</b>	<b>Food Item:</b>	<b>Food Item:</b>	<b>Food Item:</b>
<b>Administered by:</b> Spoon/fork Self-fed Fed by examiner	Spoon/fork Self-fed Fed by examiner	Spoon/fork Self-fed Fed by examiner	Spoon/fork Self-fed Fed by examiner
<b>Amounts:</b>	<b>Amounts:</b>	<b>Amounts:</b>	<b>Amounts:</b>
<b>Response: (circle all that apply)</b> Volitional cough: yes/no Volitional throat clear: yes/no Spontaneous cough during trials: yes/no Spontaneous throat clear during trials: yes/no	<b>Response:</b> Volitional cough: yes/no Volitional throat clear: yes/no Spontaneous cough during trials: yes/no Spontaneous throat clear during trials: yes/no	<b>Response: (check all that apply)</b> Volitional cough: yes/no Volitional throat clear: yes/no Spontaneous cough during trials: yes/no Spontaneous throat clear during trials: yes/no	<b>Response: (check all that apply)</b> Volitional cough: yes/no Volitional throat clear: yes/no Spontaneous cough during trials: yes/no Spontaneous throat clear during trials: yes/no
<b>Strategies Attempted and Response:</b>	<b>Strategies Attempted and Response:</b>	<b>Strategies Attempted and Response:</b>	<b>Strategies Attempted and Response:</b>
<b>Swallowing Duration</b> (introduction of bolus to completion of pharyngeal stage): ___ sec.	<b>Swallowing Duration</b> ___ sec.	<b>Swallowing Duration</b> ___ sec.	<b>Swallowing Duration</b> ___ sec.

**Observations: (laryngeal elevation, other)**

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**Findings**

- Swallowing within normal limits
- Swallowing diagnosis:
- dysphagia unspecified
  - oral phase dysphagia
  - oropharyngeal phase dysphagia
  - pharyngeal phase dysphagia
  - pharyngoesophageal phase dysphagia
  - other dysphagia
- Severity:
- mild
  - mild-moderate
  - moderate
  - moderate-severe
  - severe

Characterized by: \_\_\_\_\_

**Contributing Factors to Swallowing Impairment**

- Reduced alertness or attention
- Difficulty following directions
- Reduced oral strength/coordination/sensation
- Mastication inefficiency
- Impaired oral-pharyngeal transport
- Impaired velopharyngeal closure/coordination
- Delayed swallow initiation
- Reduced laryngeal excursion
- Other \_\_\_\_\_

**Prognosis:**  Good  Fair  Poor, based on \_\_\_\_\_

**Impact on Safety and Functioning (check all that apply)**

- No limitations
- Risk for aspiration: \_\_\_\_\_
- Risk for inadequate nutrition/hydration: \_\_\_\_\_

**NOMS Swallowing Score (1-7)** \_\_\_\_\_

**Recommendations:**

**Instrumental assessment:** \_\_yes \_\_no  
                                   \_\_ Videofluoroscopic Swallowing Study  
                                   \_\_ Endoscopic Swallowing Study

**Swallowing treatment:** \_\_yes \_\_no  
 Frequency:   Duration:

**Diet Texture Recommendations:**

**Solids:** \_\_regular; \_\_mechanical, \_\_mechanical soft, \_\_chopped,  
                   \_\_minced, \_\_pureed; other: \_\_\_\_\_

**Liquids:** \_\_thin; \_\_nectar thick; \_\_honey thick; \_\_pudding thick;  
 other: \_\_\_\_\_

NPO with alternative nutrition method: \_\_\_\_\_

Alternative nutrition method with pleasure feedings: \_\_\_\_\_

Other: \_\_\_\_\_

**Safety precautions/swallowing recommendations (check all that apply):**

- Supervision needed for all meals
  - 1 to 1 close supervision
  - 1 to 1 distant supervision
  - To be fed only by trained staff/family
  - To be fed only by SLP
- Feed only when alert
- Reduce distractions
- Needs verbal cues to use recommended strategies
- Upright position at least 30 minutes after meals
- Small sips and bites when eating
- Slow rate; swallow between bites
- No straw
- Sips by straw only
- Multiple swallows: \_\_\_\_\_
- Alternate liquids and solids
- Sensory enhancement (flavor, texture, temperature): \_\_\_\_\_
- Other \_\_\_\_\_

**Other recommended referrals:**

- Dietetics
- Gastroenterology
- Neurology
- Otolaryngology
- Pulmonology
- Other \_\_\_\_\_



**Patient/Caregiver Education**

- Described results of evaluation
- Patient expressed understanding of evaluation and agreement with goals and treatment plan
- Family/caregivers expressed understanding of evaluation and agreement with goals and treatment plan.
- Patient expressed understanding of safety precautions/feeding recommendations
- Family/caregivers expressed understanding of safety precautions/feeding recommendations
- Patient expressed understanding of evaluation but refused treatment
- Patient requires further education
- Family/caregivers require further education

**Treatment Plan**

Long Term Goals

Short Term Goals