HOME AND COMMUNITY CARE SUPPORT SERVICES
Waterloo Wellington

Swallowing Questionnaire

The Retirement Home is responsible for completing this questionnaire for clients requiring speech language pathology due to swallowing issues.

Retirement Home ______________________________

Name of Client ______________________________ **Room #** ____________

1. Previous swallowing examination(s)? ☐ Yes ☐ No

Date(s) ______________________________

Where ______________________________

Attached ______________________________

2. Health History:

A	**Illness/conditions (allergies, hiatus hernia, CVA, other neurological, respiratory problems, tracheotomy, diabetes, weight loss, etc.) Please note recent changes**
	Medications/recent medication changes
B	**Previous history of pneumonia/aspiration?** ☐ Yes ☐ No ☐ Unknown **If so, how many times in last year?** ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ More

The client is: ☐ dehydrated ☐ malnourished ☐ experiencing weight loss

3. Diet:

A	**Current Diet / Intake** Liquids ______________________________ Solids ______________________________ Feeding Methods ☐ Independent ☐ Assisted ☐ Total Feed
	Medications/recent medication changes

Swallowing Questionnaire

B	**Any diet restrictions (e.g., food allergies, etc.)**

4. Description of Symptoms:

- ☐ Increased fatigue at mealtimes
- ☐ Breathing difficulty at mealtimes
- ☐ Increase secretions
- ☐ Food/liquid falls out of mouth
- ☐ Change in voice quality e.g., gurgled / breathy, etc. after eating or swallowing
- ☐ Gagging
- ☐ Refusal to eat
- ☐ Food is left in mouth
- ☐ Throat clearing:
  - ☐ At mealtimes
  - ☐ At times other than mealtimes
- ☐ Coughing:
  - ☐ At mealtimes
  - ☐ At times other than mealtimes
- ☐ Choking
- ☐ Spitting out of food
- ☐ Reflux
- ☐ Nasal regurgitation
- ☐ Temperature spikes

Has the severity of symptoms increased or decreased over time?
☐ Increased ☐ Decreased ☐ No Change

Decline in swallowing ability: ☐ Rapid ☐ Gradual ☐ Stays the same

Contact Person ______________________________ Date ____________________

Attach to Home and Community Care Support Services
Service Referral
For new referrals fax to 519 883 5550 or Toll free 866 610 776

Ontario