

Adult Flexible Endoscopic Evaluation of Swallowing (FEES)

- Name: _____ ID/Medical record number: _____
- Pronouns: _____
- Date of exam: _____
- Communication mode/language(s) spoken: _____
- Interpreter present? Yes No
- Referred by: _____
- Reason for referral: _____
- Related medical diagnoses and dates of onset:

Medical Diagnosis	ICD-10	Date of Onset

- Other relevant medical/surgical history: _____
- Current medications: _____
- Allergies: _____
- Pain: _____
- Educational history: _____
- Occupation: _____
- Tracheostomy: Yes No
- Trach size/valve type: _____
- Mechanical ventilation: Yes No Ventilator settings: _____
- **Symptoms** reported by patient (check all that apply):
 - Coughing
 - Choking
 - Difficulty swallowing:
 - Foods
 - Drinks
 - Pills
 - Other _____
- **Current diet (check all that apply):**
 - NPO:** Yes No
 - If yes, alternative nutrition method:
 - Nasogastric tube
 - Gastrostomy

- Jejunostomy
- Total parenteral nutrition (TPN)
- N/A

PO: primary source of nutrition pleasure feeds only

Current Diet (based on the [International Dysphagia Diet Standardization initiative](#), IDDSI)

Food consistency	Drink consistency
Regular (level 7)	Extremely thick (level 4)
Easy to chew (level 7)	Moderately thick (level 3)
Soft and bite-sized (level 6)	Mildly thick (level 2)
Minced and moist (level 5)	Slightly thick (level 1)
Pureed (level 4)	Thin (level 0)
Liquidised (level 3)	

- **Feeding Method:** Independent in self-feeding Needs some assistance Dependent for feeding
- **Endurance during meals** (patient/caregiver report):
 Good Fair Poor Variable
- **Mental Status (check all that apply):**
 Alert responsive cooperative confused lethargic
 impulsive uncooperative combative unresponsive
- **Oral Status**
Dentition: WNL Missing teeth _____ Decay
Dentures present: upper lower
- **Cranial Nerve Examination**

	Normal	Abnormal	Comments
Trigeminal V			
Symmetry of jaw at rest			
Symmetry of jaw opening with and without resistance			
General tongue sensation			
Facial VII			
Symmetry of face			
Symmetry during smile/pucker			
Taste to anterior 2/3 of tongue			
Glossopharyngeal IX and Vagus X			
Velum at rest			
Velum with phonation			
Vocal quality			
Voluntary cough			
Hypoglossal XII			
Tongue at rest (atrophy/fasciculation)			
Tongue range of motion			

Tongue range of motion against resistance			
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• **Oral Motor Assessment**

	Lips	Tongue	Jaw	Soft Palate	Face
Structural Integrity					

• **Sensory status:**

- Hearing status:
- Vision status:
- Assessment of laryngeal sensations (dryness, tickling, burning, pain, etc.) and palpation of extrinsic laryngeal musculature, as indicated:

• **Results of recent clinical bedside assessment of swallowing:**

• **Results of recent instrumental assessments of swallowing:**

• **Auditory perceptual assessment of voice:**

- Phonation characteristics (including phonation duration, voice onset, etc.):
- Vocal quality:
- Vocal loudness:
- Resonance:

• **Respiratory Sufficiency and Coordination:**

- Respiratory pattern:
 - abdominal thoracic clavicular Other:
- Coordination of respiration with phonation (breath-holding patterns, habitual use of residual air, length of breath groups):
- Level of oxygen needed:
 - Room Air:
 - Nasal Cannula:
 - OptiFlow:
 - CPAP/BiPAP/AVAPS:
 - Ventilator:
 - Tracheostomy (type/size):
 - PMV tolerated?
- Objective measures:
 - Maximal inspiratory/expiratory pressures
 - Peak cough strength
- Additional comments: _____

• **Position during FEES:**

- Upright Slightly reclined Fully reclined In bed In chair

• **Factors affecting performance during FEES:**

- None
- Impairment in task endurance
- Impairment in mental status

Impairment in following directions

Other:

- **Saliva Swallows:** WNL Impaired Xerostomia Other:
- **Scope passed through** Left nasal passage Right nasal passage

Anesthesia: Yes No

If yes, type: _____

How administered: topical spray

Nasal passage: left right

Observations prior to bolus presentation:

- **Nasopharynx**

	Observation	Comments
Anatomy	WNL: Yes/No	
Symmetry of closure	WNL: Yes/No	
Degree of closure	WNL: Yes/No	
Speed of closure	WNL: Yes/No	
Closure pattern	circular/coronal/lateral/posterior ride	

- **Base of tongue**

	Observation	Comments
Anatomy	WNL: Yes/No	
Symmetry of movement	WNL: Yes/No	
Speed of movement	WNL: Yes/No	
Range of movement	WNL: Yes/No	

- **Hypopharynx**

	Observation	Comments
Anatomy	WNL: Yes/No	
Symmetry	WNL: Yes/No	
Speed of movement	WNL: Yes/No	
Range of movement	WNL: Yes/No	

- **Larynx**

	Observation	Comments
Anatomy	WNL: Yes/No	
Symmetry at rest	WNL: Yes/No	
Motility of true vocal folds: abduction	WNL: Yes/No <input type="checkbox"/> Asymmetry <input type="checkbox"/> Limitations in <input type="checkbox"/> Range <input type="checkbox"/> Speed <input type="checkbox"/> Coordination <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral	
Motility of true vocal folds: adduction	WNL: Yes/No <input type="checkbox"/> Asymmetry	

	<input type="checkbox"/> Limitations in <input type="checkbox"/> Range <input type="checkbox"/> Speed <input type="checkbox"/> Coordination <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral	
Vocal fold lengthening	WNL: Yes/No	
Vertical laryngeal movement	WNL: Yes/No	
Glottic gap	WNL/Reduced	

Airway protection:

- Breath holding not achieved
- Transient breath holding with glottis open
- Sustained breath holding with glottis open
- Transient true fold closure
- Sustained true fold closure
- Sustained true and ventricular fold closure
- Sustained true and ventricular fold closure
- Vocal fold closure on voluntary cough

- Secretions and secretion management:** WNL Pooling – transient Pooling – consistent
 If other than WNL, awareness of secretions is consistent inconsistent absent

Appearance of secretions: _____

- Other observations prior to bolus presentation** (tremor, clonus, swallowing frequency):

Liquid Trials

	Thin (level 0)	Slightly thick (level 1)	Mildly thick (level 2)	Moderately thick (level 3)	Extremely thick (level 4)
Administered by (Check all that apply)	Cup Spoon Straw Self-fed Fed by examiner	Cup Spoon Straw Self-fed Fed by examiner	Cup Spoon Straw Self-fed Fed by examiner	Cup Spoon Straw Self-fed Fed by examiner	Cup Spoon Straw Self-fed Fed by examiner
Amounts:					
Volitional cough during trials	yes/no	yes/no	yes/no	yes/no	yes/no
Volitional throat clear during trials	yes/no	yes/no	yes/no	yes/no	yes/no

Spontaneous cough during trials	yes/no	yes/no	yes/no	yes/no	yes/no
Spontaneous throat clear during trials	yes/no	yes/no	yes/no	yes/no	yes/no
Swallowing duration (introduction of bolus to completion of pharyngeal stage):	___ sec.	___ sec.	___ sec.	___ sec.	___ sec.
Penetration	None Before swallow During swallow After swallow	None Before swallow During swallow After swallow	None Before swallow During swallow After swallow	None Before swallow During swallow After swallow	None Before swallow During swallow After swallow
Response to Penetration					
Aspiration	None Before swallow During swallow After swallow	None Before swallow During swallow After swallow	None Before swallow During swallow After swallow	None Before swallow During swallow After swallow	None Before swallow During swallow After swallow
Response to Aspiration					
Base of tongue excursion	Adequate Reduced	Adequate Reduced	Adequate Reduced	Adequate Reduced	Adequate Reduced
Residue Location	N/A Base of tongue Post. Pharyngeal wall Vallecula Laryngeal vestibule	N/A Base of tongue Post. Pharyngeal wall Vallecula Laryngeal vestibule	N/A Base of tongue Post. Pharyngeal wall Vallecula Laryngeal vestibule	N/A Base of tongue Post. Pharyngeal wall Vallecula Laryngeal vestibule	N/A Base of tongue Post. Pharyngeal wall Vallecula Laryngeal vestibule

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.

Residue Amount	N/A Trace Mild Moderate Severe	N/A Trace Mild Moderate Severe	N/A Trace Mild Moderate Severe	N/A Trace Mild Moderate Severe	N/A Trace Mild Moderate Severe
Residue remaining after attempt to clear	N/A Trace Mild Moderate Severe	N/A Trace Mild Moderate Severe	N/A Trace Mild Moderate Severe	N/A Trace Mild Moderate Severe	N/A Trace Mild Moderate Severe
Therapeutic management strategies attempted and response:					

- Food trials**

	Regular (level 7)	Easy to chew (level 7)	Soft and bite-sized (level 6)	Minced and moist (level 5)	Pureed (level 4)	Liquidised (level 3)
Administered by (Check all that apply)	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	Spoon/fork Self-fed Fed by examiner	Spoon/fork Self-fed Fed by examiner
Amounts:						
Volitional cough during trials	yes/no	yes/no	yes/no	yes/no	yes/no	yes/no
Volitional throat clear during trials	yes/no	yes/no	yes/no	yes/no	yes/no	yes/no
Spontaneous cough during trials	yes/no	yes/no	yes/no	yes/no	yes/no	yes/no

Spontaneous throat clear during trials	yes/no	yes/no	yes/no	yes/no	yes/no	yes/no
Swallowing duration (introduction of bolus to completion of pharyngeal stage):	___ sec.	___ sec.	___ sec.	___ sec.	___ sec.	___ sec.
Penetration	None Before swallow During swallow After swallow	None Before swallow During swallow After swallow	None Before swallow During swallow After swallow	None Before swallow During swallow After swallow	None Before swallow During swallow After swallow	None Before swallow During swallow After swallow
Response to Penetration						
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Base of tongue excursion	Adequate Reduced	Adequate Reduced	Adequate Reduced	Adequate Reduced	Adequate Reduced	Adequate Reduced
Residue Location	N/A Base of tongue Post. Pharyngeal wall Vallecula Laryngeal vestibule	N/A Base of tongue Post. Pharyngeal wall Vallecula Laryngeal vestibule	N/A Base of tongue Post. Pharyngeal wall Vallecula Laryngeal vestibule	N/A Base of tongue Post. Pharyngeal wall Vallecula Laryngeal vestibule	N/A Base of tongue Post. Pharyngeal wall Vallecula Laryngeal vestibule	N/A Base of tongue Post. Pharyngeal wall Vallecula Laryngeal vestibule

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Residue remaining after attempt to clear	N/A Trace Mild Moderate Severe	N/A Trace Mild Moderate Severe	N/A Trace Mild Moderate Severe	N/A Trace Mild Moderate Severe	N/A Trace Mild Moderate Severe	N/A Trace Mild Moderate Severe
Therapeutic management strategies attempted and response:						

• **Results of the study**

WFL

- Dysphagia diagnosis:
- Phases involved:
- Characterized by _____
- Contributing Factors to Swallowing Impairment:

- Impaired oral phase
- Impaired oral-pharyngeal transport time
- Impaired velopharyngeal closure
- Impaired velopharyngeal coordination
- Impaired tongue base retraction
- Delayed initiation of swallowing

- Pharyngeal asymmetry
- Reduced pharyngeal squeeze
- Upper airway obstruction
- Abnormal structural observations: _____

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: _____

• **Recommendations:**

- **Swallowing treatment:** Yes No
 - Frequency: Duration:

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○ **Diet Texture Recommendations:**

Foods:

- Regular (level 7)
- Easy to chew (level 7)
- Soft and bite-sized (level 6)
- Minced and moist (level 5)
- Pureed (level 4)
- Liquidised (level 3)

Liquids:

- Thin (level 0)
- Slightly thick (level 1)
- Mildly thick (level 2)
- Moderately thick (level 3)
- Extremely thick (level 4)

- NPO
- Other: _____

○ **Recommended positions/maneuvers:**

- Chin tuck
- Head rotation
- Head tilt
- Head back
- Body position
- Supraglottic swallow
- Super supraglottic swallow
- Mendelsohn maneuver
- Effortful swallow
- Other: _____

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

- 1 to 1 close supervision
- 1 to 1 distant supervision
- To be fed only by trained staff/family
- To be fed only by SLP
- Reduce distractions
- Needs verbal cues to use recommended strategies
- Needs tactile cues to use recommended strategies
- Upright position at least 30 minutes after meals
- Small sips and bites when eating
- Slow rate
- Check for oral residue
- No straw
- Sips by straw only
- Multiple swallows #: _____
- Alternate liquids and solids
- Sensory enhancement (flavor, texture, temperature): _____
- Other _____

● **Other recommended referrals:** Occupational Therapy

- Dietetics
- Gastroenterology
- Neurology
- Otolaryngology
- Pulmonology
- Other _____

● **Patient/Caregiver Education**

- Patient/Family/caregivers expressed understanding of evaluation and treatment plan

- Patient/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