**Videofluoroscopic 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__;  

**Liquids:**  
- __thin__;  
- __nectar thick__;  
- __honey thick__;  
- __pudding thick__;

- __other: _____________________________

**NPO:**  
Alternative nutrition method  
- __Nasogastric tube__

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__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

**Position during study:** (check all that apply)
__Upright __Slightly reclined __Fully reclined
__Lateral view
__Anterior-posterior view
__Other: ____________________________________

**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 ________________________________

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Food and Liquid Trials

Liquid Trials

Liquid Type:
   __ Thin; __ Nectar; __ Honey-thick

Administered by:
   __ Cup; __ Spoon; __ Straw; __ Self-fed; __ Fed by examiner

Amount /description: ____________________________________________

Initiation of swallow:
   [ ] Prompt
   [ ] Mild delay
   [ ] Moderate delay
   [ ] Severe delay
   [ ] Absent

Penetration noted:
   [ ] Before swallow
   [ ] During swallow
   [ ] After swallow

Aspiration noted:
   [ ] Before swallow
   [ ] During swallow
   [ ] After swallow

Strategies attempted:
   [ ] None
   [ ] Head turn
   [ ] Chin tuck
   [ ] Positioning
   [ ] Supraglottic swallow
   [ ] Super supraglottic swallow
   [ ] Other

Response:
   [ ] WNL
   [ ] Volitional cough
   [ ] Volitional throat clear
   [ ] Spontaneous cough
   [ ] Spontaneous throat clear

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Residue: __________________________________________

Solid Food Trials

Food Items: __________________________________________

Administered by:
__ Self-fed; __ Fed by examiner

Amount /description: __________________________________

Initiation of swallow:
[ ] Prompt
[ ] Mild delay
[ ] Moderate delay
[ ] Severe delay
[ ] Absent

Penetration noted:
[ ] Before swallow
[ ] During swallow
[ ] After swallow

Aspiration noted:
[ ] Before swallow
[ ] During swallow
[ ] After swallow

Strategies attempted:
[ ] None
[ ] Head turn
[ ] Chin tuck
[ ] Positioning
[ ] Supraglottic swallow
[ ] Super supraglottic swallow
[ ] Other

Response:
[ ] WNL
[ ] Volitional cough
[ ] Volitional throat clear
[ ] Spontaneous cough
[ ] Spontaneous throat clear

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Residue: ________________________________________________________________

Esophageal Phase
Backflow observed: __no __yes
Other observations: ______________________________________________________

Observations:
Oral phase (bolus control, lingual propulsion)______________________________
Velopharyngeal port ______________________________________________________
Pharyngeal propulsion____________________________________________________
Hyolaryngeal excursion _________________________________________________
Laryngeal valve _________________________________________________________
Upper esophageal sphincter opening _______________________________________

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/control for bolus propulsion
___Impaired velopharyngeal closure/coordination
___Reduced pharyngeal propulsion
___Reduced hyolaryngeal excursion
___Reduced airway sensation/protection
___Reduced opening of upper esophageal sphincter
___Other ________________________________________________________________

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Prognosis:  __Good __Fair __Poor, based on ____________________________

Impact on Functioning (check all that apply)
__No limitations
__Risk for aspiration: ____________________________
__Risk for inadequate nutrition/hydration: ____________________________

Recommendations

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: ____________________________

Recommended positions/maneuvers:
__Chin tuck

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__Head rotation
__Head tilt
__Head back
__Body position
__Supraglottic swallow
__Super supraglottic swallow
__Mendelsohn maneuver
__Effortful swallow
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

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