

Northwestern Dysphagia Patient Check Sheet

Participant Name: _____

Date: _____

Variable	Safe Normal	Unsafe Abnormal
Medical history		
1. History of recurrent pneumonia	No	Yes
2. Frequent temperature spikes	No	Yes
3. Question of aspiration pneumonia	No	Yes
4. Long-term intubation (+1wk) or tracheostomy (+6mo)	No	Yes
Behavioral variables		
5. Alertness	Alert/awake	Reduced alertness or lethargic
6. Cooperativeness/agitation	Calm/cooperative	Agitated/uncooperative, combative
7. Attention/interaction ability	Attentive/well focused	Distractable, reduced eye contact
8. Awareness of problem(s) swallowing	Aware of problem	Denies or unaware of problem
9. Awareness of secretions	Aware of secretions	Unaware of secretions
10. Ability to manage secretions	Regularly manages secretions, wipes drooling, coughs, clears throat	Gurgly voice, drooling, constant secretions
Gross motor function		
11. Postural control	Normal posture and/or able to control	Abnormal posture and/or unable to control
12. Fatigability	Does not fatigue	Fatigues easily
Oral motor test results		
13. Oral, pharyngeal, laryngeal anatomy and physiology	Normal	Abnormal
14. Ability to follow directions	Good direction following	Unable/reduced ability to follow directions
15. Dysarthria	No dysarthria	Dysarthria
16. Facial weakness	Normal facial tone	Facial weakness
17. Oral apraxia	No oral apraxia	Oral apraxia
18. Oral sensation	Good oral sensation	Poor oral sensation
19. Pharyngeal wall contraction on gag	Good, symmetrical pharyngeal contraction on gag	Poor, asymmetrical pharyngeal wall contraction
20. Saliva swallowing	Spontaneous saliva swallowing	No saliva swallowing

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21. Voluntary cough, throat clearing	Strong, voluntary cough, throat clearing	Weak cough, throat clearing
OBSERVATIONS DURING TRIAL SWALLOWS: 1cc thin liquid, 1cc pudding, ¼ Lorna Doone cookie (if chewing was possible)		
22. Apraxia of swallow		
23. Oral residue		
24. Coughing/throat clearing		
25. Delayed pharyngeal swallow		
26. Reduced laryngeal elevation		
27. Gurgly voice		
28. Multiple swallows per bolus		

S = Safe (normal) and U = Unsafe (abnormal or any degree of abnormal).
Any degree of abnormal is automatically unsafe (U)
See attachment for definitions of safe (normal) and unsafe (abnormal)

Summary of Screening	Score
Total number of unsafe observations made on the 28 variables in all 5 categories	X of 28 possible unsafe observations
Total number of unsafe observations made on behavioral and gross motor function variables	X of 8 possible unsafe observations from items 5-12
Total number of unsafe observations made during oral motor testing and observations during trial swallows	X of 16 possible unsafe observations from items 13-28

Reference:

Logemann, J.A., Veis, S., & Colangelo, L. (1999). A screening procedure for oropharyngeal dysphagia. *Dysphagia*, 14, 44-51.

Definitions (Corresponds to safe and unsafe rating for question number 5-21 only)

S = Safe (normal) and U = Unsafe (abnormal or any degree of abnormal). Any degree of abnormal is automatically unsafe (U)

Variable #	Variable	Definition
5-s	Alert/awake	Fully alert and awake, able to participate
5-u	Reduced alertness or lethargic	Patient needed stimulation to remain alert/aroused; Stimulus could be verbal and/or tactile; fell asleep, eyes closing or fluctuating
6-s	Calm/cooperative	Patient needed no coaxing to complete evaluation
6-u	Agitated/uncooperative, combative	Patient constantly or partially agitated, moving about in bed/chair; refusal to complete task or accept food, hitting/pushing; verbal refusal for tasks despite understanding task or explanation
7-s	Attentive/well focused	Good eye contact, sticks with tasks, waits for instruction/commands
7-u	Distractible, reduced eye contact	Patient frequently/often needs cues to do or complete tasks; looks away from speaker, needs cues to do same task time and again; talks incessantly without focus to eating/offering food
8-s	Aware of problem	Able to indicate (verbally, head nods, pointing) that patient has problem; describes problem if able
8-u	Denies or unaware of problem	Doesn't admit to swallowing problem (although it may be obvious: coughing, food spillage from mouth); unable to self-regulate feedings; doesn't think coughing is related to difficulty swallowing (if eating already); would include aphasics or head injury patients who cannot express self or don't look distressed if problems apparent
9-s	Aware of secretions	Patient describes or gestures problem; wipes mouth with hand, tissue, tries to stop drooling; uses suction by self
9-u	Unaware of secretions	Patient holds secretions in mouth; drools and doesn't wipe self or make it known that patient needs to be wiped up; would include those who are unable physically to wipe self/suction and can't express need
10-s	Regularly manages secretions, clears throat, coughs, wipes drooling	Patient able to manage secretions and does what is listed
10-u	Gurgly voice, drooling, constant secretions	Patient demonstrates/exhibits secretions that patient cannot or does not wipe up or can manage with suctioning independently
11-s	Normal posture and/or able to control	Patient has normal movement/bed, chair; transfers from place to place; uses bed controls
11-u	Abnormal posture and/or unable to control	Patient with neglect (head turn) contractured, etc.; or unable to move/transfer self; needs assistance to

		move, sit up straight, use bed controls well
12-s	Does not fatigue	Patient has good endurance; can complete all requested repetitions of tasks; stays well awake
12-u	Fatigues easily	Patient tires easily, asks for rest breaks; completes only a few repetitions or declines to complete tasks
13-s	Normal	No obvious abnormalities (abnormalities include facial droops, voice quality changes: hoarse/rough, etc. impaired gag), etc.
13-u	Abnormal	Patient exhibits any such abnormality (abnormalities include facial droops, voice quality changes: hoarse/rough, etc. impaired gag), etc.
14-s	Good direction following	Patient needs minimal repetition of instruction (~ 95% accurate)
14-u	Unable/reduced ability to follow directions	Difficulty following directions; patient requires multiple repetitions of directions/questions; requires tactile cues, visual cues; <90% understanding directions
15-s	No dysarthria	Intelligibility 95% or better; minimal to zero deficits, mild to severe or anarthric
15-u	Dysarthria	No speech secondary to aphasia/global is included here or report if could not assess
16-s	Normal facial tone	Normal symmetry and resistance
16-u	Normal facial tone	Droop and/or reduced labial resistance
17-s	No oral apraxia	Normal oromotor control
17-u	Oral apraxia	Signs of oral apraxia (buccal-facial) present
18-s	Good oral sensation	Patient able to feel touch on various parts of face or in mouth/tongue
18-u	Poor oral sensation	Demonstrates limited ability to feel touch on face and/or touch in mouth (had food in mouth and didn't feel it)
19-s	Good, symmetrical pharyngeal contraction on gag	Normal gag response
19-u	Poor, asymmetrical pharyngeal wall contraction	Patient had reduced gag as described
20-s	Spontaneous saliva swallowing	Observed to swallow saliva on own without cues necessary, even if infrequent
20-u	No saliva swallowing	No observed dry swallow on saliva; built-up saliva in mouth; sometimes drool
21-s	Strong, voluntary cough, throat clearing	Patient able to perform strong cough and/or demonstrate throat clearing on command
21-u	Weak cough, throat clearing	Patient has weak cough, no cough on command, or weak/inability to do throat clearing on command