Dysphagia Screener

	YES	NO
1. Patient is alert, keenly responsive, and able to follow commands?		
2. Speech is without slurring /garbling?		
3. Patient clearly speaks or understands words?		
4. Able to clench teeth?		
5. Able to close lips?		
6. Face is symmetrical with movement?		
7. Tongue is midline?		
8. Uvula is midline?		
9. Gag reflex is present?		
10. Has voluntary cough? (have patient cough 2 times on command)		
11. Able to swallow own secretions? (no drooling)		
12. Swallow reflex is present?		
13. Velopharyngeal elevation is within normal limits?		

14. Give teaspoon of water (NO STRAW) with patient in upright position

a. Swallows without choking? **Yes/No**
b. Speaks without gurgly/wet voice? **Yes/No**
c. Does not cough after drinking water? **Yes/No**
d. Does not drool water? **Yes/No**

15. Then give 60 mL of water (NO STRAW), if teaspoon was tolerated

a. Swallows without choking? **Yes/No**
b. Speaks without gurgly/wet voice? **Yes/No**
c. Does not cough after drinking water? **Yes/No**
d. Does not drool water? **Yes/No**

Dysphagia Screener	☐ **Pass**	☐ **Fail**

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