

Community Health Connections

Dysphagia Disorder Survey Request

Dysphagia is the medical term for swallowing difficulty.
Please indicate all items that prompted this request:

- | | |
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| <input type="checkbox"/> Significant weight loss | <input type="checkbox"/> Loss of interest in eating |
| <input type="checkbox"/> Eats too quickly/slowly | <input type="checkbox"/> Food left in mouth after swallowing |
| <input type="checkbox"/> Requires help to eat | <input type="checkbox"/> Food falls out of mouth |
| <input type="checkbox"/> History of Pneumonia | <input type="checkbox"/> Throat clearing/gurgly voice |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Eyes tearing |
| <input type="checkbox"/> There is a change in eating habits/patterns | |
| <input type="checkbox"/> Food needs to be cut/chopped/pureed | |

Does this person have a history/diagnosis of Dysphagia? Yes No

Initials of person: Agency: County:

Person requesting:

Contact name: Phone number: Email:

The Dysphagia Disorder Survey was developed specifically for screening adults with developmental disabilities for dysphagia and related eating disorders. The Dysphagia Disorder Survey is conducted to differentiate those people who have dysphagia and unsafe eating behaviors from those that do not. The Dysphagia Disorder Survey is not a clinical dysphagia evaluation and is to not replace consulting with a speech pathologist or medical professional. Further medical and instrumental evaluations may be needed to complete the swallowing and feeding evaluation.

Please email form to: info@hcqu.org

Fax to: 724-283-1012