Saliva Control Assessment Form

Date: / /

Name : _____

Form completed by: _____

_____

1. Communication skills:

- ❑ No problems
- ❑ Some speech which is functional
- ❑ Uses speech to get message across but with difficulty
- ❑ Has difficulty making some sounds in words
- ❑ Has no speech

2. Walking

- ❑ No difficulty
- ❑ Has some difficulty but walks independently without an aid
- ❑ Needs a walking aid
- ❑ Uses a wheelchair all or most of the time

3. Head position

- ❑ Can hold head up without difficulty
- ❑ Tends to sit with head down mostly

4. Is the mouth always open?

❑ Yes ❑ No ❑ Unsure

5. Lips

- ❑ Can hold lips together easily and for a long time
- ❑ Can hold lips together with ease for a limited time
- ❑ Can hold lips with effort for a limited time
- ❑ Can bring lips together only briefly
- ❑ Unable to bring lips together

6. Can s/he pucker lips (as in a kiss)?

❑ Yes ❑ No ❑ Unsure

7. Does s/he push the tongue out when swallows?

❑ Yes ❑ No ❑ Unsure

8. Straw

- ❑ Can use a straw easily
- ❑ Has difficulty using a straw
- ❑ Cannot use a straw

9. Eating/drinking

- ❑ Can eat whole hard foods that are difficult to chew
- ❑ Eats a wide range of foods
- ❑ Needs to have food cut into small pieces
- ❑ Food needs to be mashed/pureed
- ❑ Drinks need to be thickened
- ❑ Has food through a tube (nasogastric / gastrostomy)

10. Is s/he a messy eater?

❑ Yes ❑ No ❑ Unsure

11. Can s/he swallow saliva when asked to?

❑ Yes ❑ No ❑ Attempts ❑ Unsure

12. Does s/he notice saliva on lips/chin (perhaps tries to wipe chin)?

❑ Yes ❑ No ❑ Unsure

13. General health

Does s/he have asthma?

❑ Yes ❑ No ❑ Unsure

Does s/he have frequently blocked or runny nose?

❑ Yes ❑ No ❑ Unsure

Does s/he have bouts of pneumonia?

❑ Yes ❑ No ❑ Unsure

14. Are there any difficulties with teeth cleaning?

❑ Yes ❑ No ❑ Unsure

15. Has there been a recent dental check?

❑ Yes ❑ No ❑ Unsure

IF YES, who?

16. Are there any problems with bleeding gums or decayed teeth?

❑ Yes ❑ No ❑ Unsure

Thank you for completing this questionnaire.