



Eating & Drinking Difficulties Screening Tool for People with a Learning Disability

Service user name: Date of Birth:

Name and role of person filling out form:

Date form completed:

Tick any that apply to the person:

- ☐ Complains of swallowing difficulties.
- ☐ Displays any of the following: - coughing, watery eyes, throat-clearing, change in facial colour, gurgly voice, increased breathing rate, wet-sounding breathing, food/drink coming out through the nose, vomiting and/or signs of discomfort/panic/anxiety when eating and/or drinking. Circle all that apply.
- ☐ Crams food into the mouth or eats very quickly, placing the person at risk of choking
- ☐ Has experienced a choking incident in the last year.
- ☐ Has had pneumonia or recurrent chest infections in the last 12 months.
- ☐ Has few or no teeth, ill-fitting dentures or teeth/dentures in poor condition.
- ☐ Shows evidence of malnutrition.
e.g. Reduced appetite, food refusal, weight loss, skin breakdown, severe fatigue, hair loss. Circle all that apply.
- ☐ Shows evidence of dehydration.
e.g. Urine infections, strong urine, constipation, thin dry skin. Circle all that apply.
- ☐ Has a physical disability impacting on posture and positioning at mealtimes.
- ☐ Has a diagnosis of a progressive neurological condition.
e.g. Dementia, myotonic dystrophy, Huntington's Disease, Parkinson's Disease, other deteriorating condition. Circle all that apply.
- ☐ Has any other condition that might indicate eating and drinking difficulties
e.g. Cerebral Palsy or Down Syndrome.
- ☐ Has epilepsy

If you have ticked any of the above sections, the person may require a referral to Speech & Language Therapy for an eating and drinking assessment. Please have a discussion with Speech & Language Therapy at the Islington Learning Disabilities Team on 020 7527 6600 prior to making a referral.

If a referral to Speech & Language Therapy is indicated please attach this form to the referral. Thank you

For information only