

Swallow Screen for Patients with Parkinson's in ED (SSPED)-

Triage Nurse to give to patient to complete.

Name: _____ DOB: _____

The following questions are being asked to highlight any concerns with your eating, drinking and swallowing. Please give your completed form to the Doctor or Nurse when you are called back in to see them and they will discuss your responses with you.

Part 1:

Have you already seen a Speech and Language Therapist who has given you advice about your swallowing and at the moment you have no new concerns?

Yes No

If you answered 'yes' then you do not need to complete part 2.

Part 2: Please tick the answer to each question and add comments if needed.

	Yes	No	Comments
I have seen a Speech and Language Therapist about my swallowing but I am still having difficulties.			
Do you cough and choke when you eat and/or drink?			
Does it take you longer to eat your meals than it used to?			
Have you changed the type of food that you eat?			
Does your voice change after eating and/or drinking? <i>For example, it might sound wet and gurgly.</i>			

Completed by: patient relative Carer other _____

Date: