

**Division of Developmental Disabilities Services
Community Services
Aspiration/Choking Risk Screening Tool**

Name: _____
Date of Birth: _____
Prepared by: _____

Site: _____
MCI: _____
Date of Screening: _____

Risk Categories	Scale	Score
Developmental Disability Diagnosis		
Mild Developmental Disabilities	0	
Moderate Developmental Disabilities	1	
Severe Developmental Disabilities	1	
Profound Developmental Disabilities	2	
Medical Diagnosis		
Cerebral Palsy	1	
History of Gastric Reflux	1	
Previous episodes of aspiration/aspiration pneumonia	3	
Tongue thrust	1	
CVA	2	
Degenerative Neurologic Disease	2	
Parkinson's/Huntington's Diseases	2	
Other Movement Disorders	1	
Seizure Disorder	1	
Dementia	1	
PICA	2	
Sleep Apnea	1	
Other Concern	1	
Physical Conditions		
Difficulty Chewing	1	
Absence of Chewing	2	
Edentulous	1	
Difficulty Swallowing	1	
Gagging or choking on food and/or liquid	1	
Positive (abnormal) swallowing study	1	
Modified barium swallow positive for aspiration	2	
Other Condition	1	
Eating Habits		
Feeds self independently	0	
Needs assistance to eat	1	
Feeds self too fast (picks mouth with food)	1	
Totally dependent for eating	2	
Any modified consistency and/or liquids	3	
Other Concern	1	
Seating Position		
Sits at table in regular chair	0	
Wheelchair: Upright	1	
Semi-recline	2	
Poor Positioning	2	
Other Concern	1	
Medications		
Any medication that causes sedation	1	
Any psychotropic medication	1	
Other Concern	1	
Risk Score: 1-3 Low Risk 4-6 Moderate Risk 7 and Above High Risk	TOTAL SCORE	
See Aspiration/Choking Guidelines for Required Assessments and Follow-up Based on Risk Category		

