**Name** …………………………………………………… **D.0.B.** …………………………  **NHS No:** …………………………

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| **Date** | **Time** | **Type of food or drink** | **Describe the problem (if any) when getting food or drink into the mouth** | **Describe the problem, once drink is in the mouth** | **Describe the problem when food or drink is swallowed** | **Describe the problem after food or drink is swallowed** |
| EXAMPLE | EXAMPLE | e.g. cottage pie with green beans & a drink of water. | e.g. difficulty holding cutlery, not opening mouth, no difficulty | e.g. holding food in mouth, drooling, long time to chew, spitting out food, no difficulty | e.g. Long time to swallow, coughing, regurgitating food | e.g. coughing, throat clearing, face change colour, change in breathing, watery eyes |
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