## **Swallow** Resource Pack Swallowing Diary



Name: .....

Date of Birth:

NHS ..... Room .....

Please record ALL instances where you observe difficulty swallowing, including any choking, coughing, throat-clearing or significant changes in the sound of voice.

Date	Time	What was the resident eating or drinking at the time or just before?	Describe what happened	Any other comments	Staff member name

Information created / adapted by Solent NHS Trust Adult Speech & Language Therapy (East) 0300 123 3932 Updated June 2022

## Swallowing Diary continued

Name:		Date of Birth: .		NHS Ro	oom
Date	Time	What was the resident eating or drinking at the time or just before?	Describe what happened	Any other comments	Staff member name

## Swallowing Diary continued

Name:		Date of Birth: .		NHS Ro	oom
Date	Time	What was the resident eating or drinking at the time or just before?	Describe what happened	Any other comments	Staff member name
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