

CHOKING RISK ASSESSMENT (CRA)**Justine Joan Sheppard, Ph.D.****DATE:** _____

NAME: _____	ID # _____	RISK SCORE: _____
RECENT HISTORY OF CHOKING IN THE PAST YR. OR OTHER RELEVANT HISTORY		ESTIMATED RISK
		Low risk ☐
		High risk ☐

Instructions: Score each item 10% for any one or more abnormal features. See User's Guide on back of form.

- 1) _____ **Age of 40 or older**
- 2) _____ **Dysphagia Diagnosis (DMSS)**
 _____ **None** _____ **Mild** _____ **Moderate** _____ **Severe** _____ **Profound**
- 3) _____ **History of Choking**
 _____ Level 5: Hospitalization for pulmonary consequences
 _____ Level 4: Acute Care for respiratory consequences
 _____ Level 3: Procedure to clear-suction, Heimlich, finger sweep
 _____ Level 2: Cleared without assistance (prolonged coughing)
 _____ Level 1: Coughing during meals, snacks, or on saliva
- 4) _____ **Medications with Side Effects for Swallowing**
 Name of Meds: _____
- 5) _____ **Descriptive Mealtime Actions**
 _____ Labile (laughing/talking)
 _____ Food – stealing
 _____ Mania
- 6) _____ **Descriptive Mealtime Behaviors**
 _____ Distractible
 _____ Lethargic
- 7) _____ **Reduced Chewing Ability and on Chewable Foods**
- 8) _____ **Rate**
 _____ Rapid spooning
 _____ Rapid drinking
- 9) _____ **Excessive Size Mouthfuls (Stuffing; Cramming)**
 _____ Solids
 _____ Liquids
- 10) _____ **Other problems**
 _____ Posture (Maintaining upright sitting posture during eating)
 _____ PICA diagnosis
 _____ Rapid breathing during eating
 _____ Recurring seizures

CHOKING RISK ASSESSMENT (CRA)
USER'S GUIDE
Justine Joan Sheppard, Ph.D.

IDENTIFYING INFORMATION:

Fill in Date, Name and ID.

Note any relevant history.

ITEMS and How To Score them:

Score 10% for each item that applies to the individual (maximum score 100%). A final score of more than 20% indicates "high risk". A final score of 20% or below indicates "low risk". Higher cutoffs represent higher levels of risk tolerance.

1. Age. Score as positive (i.e., 10%) if individual is or will be 40 years old in the current calendar year.
2. Dysphagia diagnosis. Score as positive if a dysphagia diagnosis for any one or more phases of swallowing has been made with clinical or instrumental assessments. Note Dysphagia Management Staging Scale (DMSS) level if available.
3. History of choking. Score as positive if level 3, 4 or 5 choking, as described in this item, has occurred at any time in the past five years. Score as positive if level 2 has been observed to occur one or more times weekly in the past month. Score as positive if level 1 has been observed to occur usually at least once at each meal on liquid or solids.
4. Medications. Score as positive if the individual is currently prescribed any drugs that affect alertness, muscle tone, or salivation or are associated with a side effect of Tardive Dyskinesia Syndrome. These include neuroleptics, seizure medications, tranquilizers (sedatives), muscle relaxants, anticholinergics and antihistamines.
5. Descriptive mealtime actions. Score as positive if individual laughs or talks without adequate self-control or confiscates food that may be other than their prescribed diet consistency during meals one or more times weekly, or has cycles of mania one or more times annually.
6. Descriptive mealtime behaviors/focus. Score as positive if individual exhibits sleepiness, i.e., lethargy during eating, and/or other difficulty maintaining focus on eating, i.e., distractibility, one or more times weekly.
7. Reduced chewing ability. Score as positive if individual is judged to be inconsistent in chewing ability or to have reduced chewing ability and the individual's diet includes foods that require chewing.
8. Rate. Score as positive if the individual exhibits excessively rapid spooning or drinking one or more times at each meal.
9. Excessive size mouthfuls. Score as positive if the individual takes excessively large mouthfuls of solid or liquid food one or more times at each meal.
10. Other. Score as positive if the individual has exhibited difficulties with one or more of the listed items in the past year.