G-CODES FOR SWALLOWING: 7-POINT SCALES

If not using ASHA NOMS with ASHA's proprietary Functional Communication Measures (FCMs)

Dysphagia Severity Rating Scale (Gramigna, 2006; Waxman, et al., 1990):

This scale shows the patients severity of the impairment/deficit rather than just the "functional" diet status. These ratings can only be done per instrumental exam results. Warning: "0" is normal & "6" is severe, but it is still a 7-point scale.

DSRS Rating	MODIFIER	Explanation
0	CH (0% impairment)	Normal swallowing mechanism.
1	CI	*Minimal dysphagia*—instrumental exam shows slight deviance from a normal swallow. Patient may report a change in sensation during swallow. No change in diet is required.
2	CJ	*Mild dysphagia*—oropharyngeal dysphagia present, which can be managed by specific swallow suggestions. Slight modification in consistency of diet may be indicated.
3	CK	*Mild-moderate dysphagia*—potential for aspiration exists but is diminished by specific swallow techniques and a modified diet. Time for eating is significantly increased; thus supplemental nutrition may be indicated.
4	CL	*Moderate dysphagia*—significant potential for aspiration exists. Trace aspiration of one or more consistencies may be seen in instrumental exam. Patient may eat certain consistencies by using specific techniques to minimize potential for aspiration and/or to facilitate swallowing. Supervision at mealtimes required. May require supplemental nutrition orally or via feeding tube.
5	CM	*Moderately severe dysphagia*—patient aspirates 5% to 10% on one or more consistencies, with potential for aspiration on all consistencies. Potential for aspiration minimized by specific swallow instructions. Cough reflex absent or nonprotective. Alternative mode of feeding required to maintain patient's nutritional needs. If pulmonary status is compromised, "nothing by mouth" may be indicated.
6	CN (100% impairment)	*Severe dysphagia*—more than 10% aspiration for all consistencies. "Nothing by mouth" recommended.

Note. Adapted by Gramigna (2006) from Waxman, Durfee, Moore, Morantz, and Koller (1990). Table cited from "How to Perform Video-Fluoroscopic Swallowing Studies," by G. Gramigna, 2006, *GI Motility Online* (2006), doi:10.1038/gimo95.

Waxman, M.J., Durfee, D., Moore, M., Morantz, R.A., & Koller, W. (1990). Nutritional aspects and swallowing function of patients with Parkinson's disease. *Nutr Clin Pract,* **5,** 196–199.

Functional Oral Intake Scale (FOIS):

This scale is based on patient's intake, which may NOT reflect actual impairment or anatomical/ physiological deficits. Warning: "7" is normal & "1" is severe.

Crary, M.A., Carnaby-Mann, G.D., Groher, M.E. (2005). Initial psychometric assessment of a functional oral intake scale for dysphagia in stroke patients. *Arch Phys Med Rehabil, 86*, 1516-1520.

FOIS Rating	**MODIFIER**	**Explanation**
7	CH (0% impairment)	Total oral intake with NO restrictions
6	CI	Total oral intake with no special preparation, but must avoid specific foods or liquid items
5	CJ	Total oral intake of multiple consistencies, requiring special preparation
4	CK	Total oral intake of a single consistency
3	CL	Tube supplements with consistent oral intake
2	CM	Tube dependent with minimal/inconsistent oral intake
1	CN (100% impairment)	Tube dependent. NO oral intake