

Measuring sialorrhea

Patient's treatment questionnaire
for drooling of saliva

The data provided will be reviewed by NHS staff only and is restricted to only those individuals who need access to it. If you have any questions regarding the processing and storing of your data, or the exercise of your rights in relation to your data, please contact your healthcare professional.



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THERAPEUTICS

Your healthcare professional has asked you or your caregiver to fill in this questionnaire before your next treatment for drooling (sialorrhea). Please fill in the questionnaire on the date recorded below. This will help to evaluate the effect of your treatment.

Hospital name:

Hospital number:

Patient name:

Date of birth:

Date the questionnaire was completed:

DROOLING SEVERITY	
"How severe is your drooling?"	
POINTS	
Please circle 1 answer	
Dry (never drools)	1
Mild (wet lips only)	2
Moderate (wet lips and chin)	3
Severe (clothing becomes damp)	4
Profuse (clothing, hands, tray and objects become wet)	5

DROOLING FREQUENCY	
"How often is your drooling?"	
POINTS	
Please circle 1 answer	
Never drools	1
Occasionally drools	2
Frequently drools	3
Constantly drools	4

Ref: Thomas-Stonell and Greenberg drooling severity and frequency scale

Healthcare professional to complete:
Add the score of drooling severity and drooling frequency
(max score 9)

Does your drooling occur mainly at night / during the day / both?

Do you have difficulty swallowing food or drink or problems with choking? Yes / No

My treatment goal for managing my drooling is:

Compared to how you were doing before your treatment, what is your overall impression of how you are functioning now as a result of the treatment?
Please circle 1 answer.

-3

-2


-1


0


1

2

3







Very much worse

Much worse

Minimally worse

No change

Minimally improved

Much improved

Very much improved