

# Saliva Monitoring Chart

Adapted from "A Practical Approach to the Management of Saliva 2<sup>nd</sup> Ed, Scott and Johnson, 2004

NAME: \_\_\_\_\_

TYPE OF INTAKE: Oral  PEG  Both

Dates chart completed: \_\_\_\_\_

## INSTRUCTIONS:

1. Evaluate your saliva at each time point. Circle the word that best describes the location of your saliva, consistency of your saliva, amount of your saliva and distress that it is causing you. Please also circle (Yes/No) if your secretions make you cough.
2. Fill in the form for 3 days in one week. The days do not have to be 3 days in a row.

	On waking				Breakfast				Lunch				Dinner				Overnight			
<b>Day 1</b>	Mouth		Throat		Mouth		Throat		Mouth		Throat		Mouth		Throat		Mouth		Throat	
Consistency	Normal	Dry	Thick	Thin	Normal	Dry	Thick	Thin	Normal	Dry	Thick	Thin	Normal	Dry	Thick	Thin	Normal	Dry	Thick	Thin
Amount	Normal	Mild	Mod	Severe	Normal	Mild	Mod	Severe	Normal	Mild	Mod	Severe	Normal	Mild	Mod	Severe	Normal	Mild	Mod	Severe
Distress	None	Mild	Mod	Severe	None	Mild	Mod	Severe	None	Mild	Mod	Severe	None	Mild	Mod	Severe	None	Mild	Mod	Severe
Causing Cough	Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
	On waking				Breakfast				Lunch				Dinner				Overnight			
<b>Day 2</b>	Mouth		Throat		Mouth		Throat		Mouth		Throat		Mouth		Throat		Mouth		Throat	
Consistency	Normal	Dry	Thick	Thin	Normal	Dry	Thick	Thin	Normal	Dry	Thick	Thin	Normal	Dry	Thick	Thin	Normal	Dry	Thick	Thin
Amount	Normal	Mild	Mod	Severe	Normal	Mild	Mod	Severe	Normal	Mild	Mod	Severe	Normal	Mild	Mod	Severe	Normal	Mild	Mod	Severe
Distress	None	Mild	Mod	Severe	None	Mild	Mod	Severe	None	Mild	Mod	Severe	None	Mild	Mod	Severe	None	Mild	Mod	Severe
Causing Cough	Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
	On waking				Breakfast				Lunch				Dinner				Overnight			
<b>Day 3</b>	Mouth		Throat		Mouth		Throat		Mouth		Throat		Mouth		Throat		Mouth		Throat	
Consistency	Normal	Dry	Thick	Thin	Normal	Dry	Thick	Thin	Normal	Dry	Thick	Thin	Normal	Dry	Thick	Thin	Normal	Dry	Thick	Thin
Amount	Normal	Mild	Mod	Severe	Normal	Mild	Mod	Severe	Normal	Mild	Mod	Severe	Normal	Mild	Mod	Severe	Normal	Mild	Mod	Severe
Distress	None	Mild	Mod	Severe	None	Mild	Mod	Severe	None	Mild	Mod	Severe	None	Mild	Mod	Severe	None	Mild	Mod	Severe
Causing Cough	Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	