CI Identifier…… (Office use only)

Confidential Inquiry Team
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Improving Health and Lives: Confidential Inquiry

Confidential Inquiry into Deaths of People with Learning Disabilities

Form B11 Choking

Did the person who died exhibit any of the following:	**Yes**	**No**	**N/K**
History of choking episodes If yes, how frequently	☐	☐	☐
Coughing during and/or after meals	☐	☐	☐
History of frequent chest infections	☐	☐	☐
Increased shortness of breath when eating or drinking	☐	☐	☐
Dysarthria	☐	☐	☐
'Bubbly' voice quality	☐	☐	☐
Failure to maintain weight	☐	☐	☐
Slow eating and/or refusing food	☐	☐	☐
Stealing food	☐	☐	☐
Regurgitation	☐	☐	☐
Poor tongue control	☐	☐	☐
No teeth	☐	☐	☐
Bolting food	☐	☐	☐

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Were there any of the following factors?	**Yes**	**No**	**N/K**
Cerebral palsy	☐	☐	☐
Severe and complex disabilities	☐	☐	☐
Previous history of stroke (CVA)	☐	☐	☐
History of dementia	☐	☐	☐
Down's Syndrome	☐	☐	☐
What did the person choke on: Food (please describe) Dry/crumbly Chewy Semi-solid Liquid Non-food toy/object from food packet (please describe) Toy (please describe) Object (please describe) Own secretions Other (please describe)	 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
At time of choking episode that led to death was the person	**Yes**	**No**	**N/A**
	Supervised ☐	☐	☐
	Unsupervised ☐	☐	☐
	Sitting down ☐	☐	☐
	On the move ☐	☐	☐

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Prior actions taken to reduce likelihood of choking	
Swallowing assessment (tick if 'yes') **Date of last assessment)**	☐ ……
Supervision when eating (tick if 'yes') **Supervision when drinking (tick if 'yes')**	☐ ☐
Food cut up (tick if 'yes') **Food mashed (tick if 'yes')** **Food pureed (tick if 'yes')** **Drinks thickened (tick if 'yes')**	☐ ☐ ☐ ☐
Special seating for eating/drinking (tick if 'yes')	☐
Regular dental care (tick if 'yes') **Date of last dental check-up**	☐ ……
How and when was the situation reviewed?	

Thank you for completing this form. Please return it as soon as possible to the CI team.

You can return the form:

- by post: CI team, Norah Fry Research Centre, FREEPOST (SWB 1630) Bristol BS8 1ZZ
- by fax: 0117 3310978

Thank you.