1. Priority screening for dysphagia in older adults residing in a long-term care facility is to assess for:
   A. nutritional status.
   B. quality of life.
   C. care costs.
   D. risk of aspiration.

2. The likely cause of swallowing changes in older adults is:
   A. physical activity.
   B. normal aging.
   C. dietary preferences.
   D. social anxiety.

3. Older adults without serious comorbidities associated with swallowing function should be screened for dysphagia.
   A. True.
   B. False.

4. Older adults with dysphagia are likely to experience a/an:
   A. change in taste.
   B. decrease in quality of life.
   C. increase in physical functioning.
   D. dry mouth.

5. The authors noted that integrating screening tools into daily practice requires simplicity, reliable administration, and:
   A. invasive techniques.
   B. special equipment.
   C. extensive training.
   D. staff accessibility.

6. Prior to dysphagia screening using the Standard Swallowing Assessment (SSA), residents should be assessed for:
   A. cognitive functioning.
   B. coughing.
   C. licking the top and bottom lip.
   D. tongue strength.
7. The best description of dysphagia screening includes:
   A. It cannot detect aspiration fatal to older populations.
   B. It is based on detectable signs of aspiration or dysphagia.
   C. Screening is best completed between the noon and evening meal.
   D. If screening is performed upon admission, no additional screening is necessary.

8. When administering the SSA, if the resident is able to sit upright but is not able to cough voluntarily, the next step is to:
   A. stop the procedure and refer the resident to a speech language therapist.
   B. wait 30 minutes and resume the screening.
   C. continue the screening procedure.
   D. ask the resident to drink a spoonful of water and then cough.

9. If an older resident is able to swallow a half glass of water with no dysfunctional signs, what is the next step in dysphagia screening?
   A. Give semisolid food and observe for abnormal signs after swallowing.
   B. Confirm normal swallowing functions with fiber-optic endoscopic evaluation.
   C. Stop the screening procedure and maintain nothing by mouth.
   D. Order an appropriate meal and observe swallowing during the meal.

10. An older adult categorized at risk for dysphagia is one who:
    A. can lick the top or bottom lip.
    B. speaks in a hoarse voice after swallowing a spoonful of water.
    C. follows the instructions.
    D. can cough voluntarily.

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