

Functional Oral Intake Scale

Name: _____

Date: _____

Assess your patient's oral intake by observing their ability to chew, swallow and consume food. Afterward, determine the most appropriate FOIS level based on what you observed, taking into account any necessary modifications such as pureed or thickened foods that may affect their oral intake. Check the box of the level that best describes your patient's oral intake abilities.

| FOIS level | Description |
|----------------------------|---|
| <input type="checkbox"/> 1 | Nothing by mouth |
| <input type="checkbox"/> 2 | Tube dependent with minimal attempts of food or liquid |
| <input type="checkbox"/> 3 | Tube dependent with consistent oral intake of food or liquid |
| <input type="checkbox"/> 4 | Total oral diet of a single consistency |
| <input type="checkbox"/> 5 | Total oral diet with multiple consistencies, but required special preparation or compensation |
| <input type="checkbox"/> 6 | Total oral diet with multiple consistencies without special preparation but with specific food limitations. |
| <input type="checkbox"/> 7 | Total oral diet with no restriction |

Additional Notes