

Adults in Health Care

Functional Communication Measures (FCMs)

Speech-Language Pathology



Functional Communication Measures

Introduction

The Functional Communication Measures (FCMs) are a series of seven-point rating scales, ranging from least functional (Level 1) to most functional (Level 7). They have been developed by ASHA to describe the different aspects of a patient's functional communication and swallowing abilities over the course of speech-language pathology intervention.

In 2008, eight of the 15 Functional Communication Measures (FCM) from the Adult National Outcomes Measurement System (NOMS) were submitted to the National Quality Forum (www.qualityforum.org) for review. All eight were endorsed and subsequently became part of the public domain. It is important to note that the FCMs are one component of NOMS. To receive access to all of the components of NOMS - national database of treatment outcomes and customized data reports - you must become a registered NOMS user. Additional information pertaining to becoming a registered NOMS user is available at www.asha.org/members/research/NOMS.

The following are the 15 FCMs used with the Adult Healthcare component of NOMS:

- Alaryngeal Communication
- Attention
- Augmentative-Alternative Communication
- Fluency
- Memory
- Motor Speech
- Pragmatics
- Problem Solving
- Reading
- Spoken Language Comprehension
- Spoken Language Expression
- Swallowing
- Voice
- Voice Following Tracheostomy
- Writing

These FCMs were designed to describe functional abilities over time from admission to discharge in various speech-language pathology treatment settings. They are not dependent upon administration of any particular formal or informal assessment measures, but are clinical observations provided by the speech-language pathologist of the patient's communication and/or swallowing abilities addressed by an individualized treatment plan.

FCMs should only be scored if they specifically relate to the patient's individualized treatment plan and goals. It is not anticipated that all of the FCMs will be scored for any one patient. On average, only a few FCMs per patient will be selected.

Description of Seven-Level FCM scoring

Each level of the FCMs contain references to the intensity and frequency of the cueing method and use of compensatory strategies that are required to assist the patient in becoming functional and independent in various situations and activities. Both the amount and intensity of the cueing must be considered in scoring an FCM. Familiarize yourself with the following descriptors and refer to them when scoring the FCM scales.

Frequency of Cueing

Consistent	Required 80–100% of the time.
Usually	50–79% of the time.
Occasionally	20–49% of the time.
Rarely	Less than 20% of the time.

Intensity of Cueing

Maximal	Multiple cues that are obvious to nonclinicians. Any combination of auditory, visual, pictorial, tactile, or written cues.
Moderate	Combination of cueing types, some of which may be intrusive.
Minimal	Subtle and only one type of cueing.

You will notice that the intensity and frequency of the cueing may be modified from one FCM level to another as the complexity of the information/task or situation increases. Outlined below are some examples of general types of activities in which the patient may engage throughout the course of recovery. These are provided merely for illustration and are not intended as must-do activities for rating a patient at a particular FCM level.

Simple routine living activities	Basic self-care activities that most adults carry out every day: following simple directions; eating a meal; and completing personal hygiene, dressing, etc.
Complex living activities	Changing a flat tire; reading a book; planning and preparing a meal; and managing one's own medical, financial, and personal affairs, etc.

We tried as much as possible to ensure consistency among similar levels of performance on the various FCM scales; however, this was not always possible given the nature of the different aspects of communication and swallowing abilities. For example, do not assume that a Level 5 on one scale is comparable to a Level 5 on a different scale. Both the amount and intensity of the cueing must be considered in scoring an FCM.

Alaryngeal Communication

Note: This FCM should be used for individuals who have had a total or near-total laryngectomy. Scoring on this FCM does not include ability to independently clean and manage prosthetic equipment. Application of this FCM assumes appropriate sizing and placement of prosthesis.

Communication can be achieved with 1 or more of the following alaryngeal communication methods: tracheo-esophageal puncture (TEP), the use of an artificial larynx (AL) or esophageal speech production (ES). Primary type of alaryngeal communication must be indicated on Admission Form.

LEVEL 1: The individual is unable to vocalize as a result of total or near-total laryngectomy. Alternate means of communication (e.g. writing, gestures, mouthing, electronic device, etc.) are used all of the time. Individual cannot participate in vocational, avocational and social activities requiring oral communication.

LEVEL 2: With consistent, maximal cueing, the individual can produce short consonant-vowel combinations and/or simple words in known contexts. However, intelligibility/accuracy may vary. Participation in vocational, avocational and social activities requiring oral communication is significantly limited with alternate means of communication needed all of the time.

LEVEL 3: The individual usually requires moderate cueing to produce simple words and short phrases with familiar communication partners, although accuracy/intelligibility may vary. Participation in vocational, avocational and social activities requiring oral communication is limited most of the time and alternate means of communication may be needed.

LEVEL 4: The individual occasionally requires minimal cueing to produce sentences/messages during structured conversations with familiar communication partners and usually requires moderate cueing to produce sentences/messages with unfamiliar partners, although accuracy/intelligibility may vary. Spontaneous conversation is not consistent and the individual rarely produces complex sentences/messages that are understood by others. Participation in vocational, avocational and social activities requiring oral communication is limited some of the time and alternate means of communication may be needed.

LEVEL 5: The individual is successfully able to communicate using alaryngeal communication in simple structured conversations with both familiar and unfamiliar communication partners. The individual occasionally requires minimal cueing during spontaneous conversation to intelligibly produce more complex sentences/messages with unfamiliar partners. The individual occasionally self-monitors communication effectiveness and uses compensatory strategies when encountering difficulty.

LEVEL 6: The individual is successfully able to communicate using alaryngeal communication, but some limitations are still apparent in vocational, avocational and social activities. The individual rarely requires minimal cueing during spontaneous conversation to intelligibly produce complex sentences/messages with unfamiliar communication partners and usually self-monitors communication effectiveness and uses compensatory strategies when encountering difficulty.

LEVEL 7: The individual's ability to successfully and independently participate in vocational, avocational and social activities is not limited by alaryngeal communication. The individual independently self-monitors communication effectiveness and uses compensatory strategies when encountering difficulty.

Attention

Note: The following are some examples of living activities as used with this FCM:

Simple living activities following simple directions, reading environmental signs, eating a meal, completing personal hygiene, and dressing.

Complex living activities watching a news program, reading a book, planning and preparing a meal, and managing one's own medical, financial, and personal affairs.

LEVEL 1: Attention is nonfunctional. The individual is generally unresponsive to most stimuli.

LEVEL 2: The individual can briefly attend with consistent maximal stimulation, but not long enough to complete even simple living tasks.

LEVEL 3: The individual maintains attention over time to complete simple living tasks of short duration with consistent maximal cueing in the absence of distracting stimuli.

LEVEL 4: The individual maintains attention during simple living tasks of multiple steps and long duration within a minimally distracting environment with consistent minimal cueing.

LEVEL 5: The individual maintains attention within simple living activities with occasional minimal cues within distracting environments. The individual requires increased cueing to start, continue, and change attention during complex activities.

LEVEL 6: The individual maintains attention within complex activities, and can attend simultaneously to multiple demands with rare minimal cues. The individual usually uses compensatory strategies when encountering difficulty. The individual has mild difficulty or takes more than a reasonable amount of time to attend to multiple tasks/stimuli.

LEVEL 7: The individual's ability to participate in vocational, avocational, or social activities is not limited by attentional abilities. Independent functioning may occasionally include the use of compensatory strategies.

Augmentative-Alternative Communication

Note: This FCM should be used when supplementing or replacing an individual's natural speech with one or more aided or unaided augmentative-alternative communication (AAC) systems. Examples of augmentative-alternative communication include use of gestures, eye blink system, alphabet board, communication book, electronic device, etc. Scoring on this FCM does not include ability to independently set up and manage AAC system.

The following are examples of communication exchanges as used with this FCM:

Rote/automatic:	conveying basic and/or automatic information such as greetings, indicating pain, or need for elimination.
Simple:	conveying personal wants/needs such as hunger, thirst, sleep, or personal-biographical information.
Complex:	conveying medical, financial and/or vocational information.

LEVEL 1: The individual attempts to communicate (e.g. gestures, pointing, communication board, electronic device, etc). However communication using augmentative-alternative communication is not meaningful to familiar or unfamiliar listeners at any time regardless of amount of cueing or assistance.

LEVEL 2: The individual attempts to communicate rote/automatic messages (e.g. waving hello when greeted, responding to name). With consistent, maximal cueing and additional time, the individual can use augmentative-alternative communication to convey simple messages related to personal wants/needs with familiar communication partners. However, communication attempts are rarely accurate or meaningful and the communication partner must assume responsibility for structuring all communication exchanges.

LEVEL 3: The individual usually requires moderate cueing and additional time to use augmentative-alternative communication to convey simple messages related to personal wants/needs with familiar communication partners, although accuracy may vary. The communication partner must assume responsibility for structuring most communication exchanges.

LEVEL 4: The individual occasionally requires minimal cueing and additional time to use augmentative-alternative communication to convey simple messages related to routine daily activities in structured conversations with familiar communication partners. He/she usually requires moderate cueing and additional time to convey simple messages to unfamiliar communication partners with varying accuracy.

LEVEL 5: The individual is successfully able to use augmentative-alternative communication in structured conversations with both familiar and unfamiliar communication partners. However, he/she may occasionally require minimal cueing and additional time in communication exchanges with unfamiliar communication partners. The individual occasionally requires moderate cueing and additional time to convey more complex thoughts/messages and occasionally self-monitors communication effectiveness when encountering difficulty.

LEVEL 6: The individual is successfully able to communicate using augmentative-alternative communication in most daily activities, but some limitations are still apparent in vocational, avocational and social activities. The individual rarely requires minimal cueing and additional time to convey complex thoughts/messages and usually self-monitors communication effectiveness when encountering difficulty.

LEVEL 7: The individual's ability to successfully and independently participate in vocational, avocational and social activities is not limited by augmentative-alternative communication skills. The individual independently self-monitors communication effectiveness when encountering difficulty.

Fluency

Note: This FCM should not be used for individuals who exhibit difficulty with rate and prosody as a result of a neurological impairment, cluttering, foreign dialect, or developmental disability.

LEVEL 1: Fluency is so disrupted that speech is often not functional for communication. Attempts at speech communication are extremely labored in all situations, which renders the speaker virtually unintelligible. Alternative means of speaking are used most of the time. Listeners avoid spoken interaction with the individual.

LEVEL 2: Speech is functional most of the time, but labored in many day-to-day situations due to extended disruptions of speech flow which sometimes render the individual difficult to understand. Participation in vocational, avocational, and social activities requiring speech is reduced overall. Listener discomfort is evident throughout conversational interactions.

LEVEL 3: Speech is functional. Dysfluencies are evident in all situations, but are particularly frequent in problem situations. Vocational, avocational, and social participation requiring speech is occasionally reduced overall, and significantly reduced within what the individual perceives as problem situations. Some listener discomfort is evident throughout interactions.

LEVEL 4: Speech is functional for communication, but there is extreme situational variation. The frequency and severity of disruptions of speech flow within problem situations is distracting most but not all of the time. Vocational, avocational, and social participation requiring speech is limited most of the time in problem situations. Listeners are often aware of fluency difficulty.

LEVEL 5: Speech is functional for communication, and fluency can be maintained in some situations. Self-monitoring is inconsistent. The frequency and severity of disruptions of speech flow within problem situations is distracting some of the time. Speech difficulties are noticeable when they occur, and sometimes limit vocational, avocational, and social activities requiring speech in problem situations. Listeners are occasionally aware of fluency difficulties relative to particular situations.

LEVEL 6: Speech is functional for communication, and fluency can be maintained most of the time. Self-monitoring is consistent. Vocational, avocational, and social activities requiring speech is not restricted most of the time. Listeners are infrequently aware of fluency difficulties even in problem situations.

LEVEL 7: Disruptions in speech flow do not call attention to the speaker, and participation in activities requiring speech is not limited. May include self-monitoring as needed.

Memory

Note: The following terms are used with this FCM:

External Memory Aid *calendars, schedules, communication/memory books, pictures, color coding.*

Memory Strategies *silent rehearsals, word associations, chunking, mnemonic strategies.*

LEVEL 1: The individual is unable to recall any information, regardless of cueing.

LEVEL 2: The individual consistently requires maximal verbal cues or uses external aids to recall personal information (e.g., family members, biographical information, physical location, etc.) in structured environments.

LEVEL 3: The individual usually requires maximum cues to recall or use external aids for simple routine and personal information (e.g., schedule, names of familiar staff, location of therapy areas, etc.) in structured environments.

LEVEL 4: The individual occasionally requires minimal cues to recall or use external memory aids for simple routine and personal information in structured environments. The individual requires consistent maximal cues to recall or use memory aids for complex and novel information (e.g., carry out multiple steps activities, accommodate schedule changes, anticipate meal times, etc.), plan and follow through on simple future events (e.g., use calendar to keep appointments, use log books to complete a single assignment/task, etc.) in structured environments.

LEVEL 5: The individual consistently requires minimal cues to recall or use external memory aids for complex and novel information. The individual consistently requires minimal cues to plan and follow through on complex future events (e.g., menu planning and meal preparation, planning a party, etc.).

LEVEL 6: The individual is able to recall or use external aids/memory strategies for complex information and planning complex future events most of the time. When there is a breakdown in the use of recall/memory strategies/external memory aids, the individual occasionally requires minimal cues. These breakdowns may occasionally interfere with the individual's functioning in vocational, avocational, and social activities.

LEVEL 7: The individual is successful and independent in recalling or using external aids/memory strategies for complex information and planning future events in all vocational, avocational, and social activities.

Motor Speech

Note: Individuals who exhibit deficits in speech production may exhibit underlying deficits in respiration, phonation, articulation, prosody, and resonance. In some instances it may be beneficial to utilize additional FCMs focusing on voice if disordered phonation is a large component.

- LEVEL 1:** The individual attempts to speak, but speech cannot be understood by familiar or unfamiliar listeners at any time.
- LEVEL 2:** The individual attempts to speak. The communication partner must assume responsibility for interpreting the message, and with consistent and maximal cues, the patient can produce short consonant-vowel combinations or automatic words that are rarely intelligible in context.
- LEVEL 3:** The communication partner must assume primary responsibility for interpreting the communication exchange, however, the individual is able to produce short consonant-vowel combinations or automatic words intelligibly. With consistent and moderate cueing, the individual can produce simple words and phrases intelligibly, although accuracy may vary.
- LEVEL 4:** In simple structured conversation with familiar communication partners, the individual can produce simple words and phrases intelligibly. The individual usually requires moderate cueing in order to produce simple sentences intelligibly, although accuracy may vary.
- LEVEL 5:** The individual is able to speak intelligibly using simple sentences in daily routine activities with both familiar and unfamiliar communication partners. The individual occasionally requires minimal cueing to produce more complex sentences/messages in routine activities, although accuracy may vary and the individual may occasionally use compensatory strategies.
- LEVEL 6:** The individual is successfully able to communicate intelligibly in most activities, but some limitations in intelligibility are still apparent in vocational, avocational, and social activities. The individual rarely requires minimal cueing to produce complex sentences/messages intelligibly. The individual usually uses compensatory strategies when encountering difficulty.
- LEVEL 7:** The individual's ability to successfully and independently participate in vocational, avocational, or social activities is not limited by speech production. Independent functioning may occasionally include the use of compensatory techniques.

Pragmatics

LEVEL 1: Pragmatics are nonfunctional in all situations or settings regardless of feedback and cueing. The individual cannot initiate appropriate responses to the environment and is unaware of the needs and feedback of the communication partner.

LEVEL 2: On rare occasions, pragmatics are functional in familiar and structured settings with familiar people and maximum cueing.

LEVEL 3: Pragmatics are functional a majority of the time when the individual is given consistent and maximum cueing in highly-structured settings or situations with familiar partners. The individual rarely uses common and simple social communication without cues.

LEVEL 4: Pragmatics are functional a majority of the time without cues in structured settings or situations with familiar communication partners. With unfamiliar partners or in unstructured settings, the individual needs maximal cues. The individual uses and adheres to common and simple rules of social communication but is unaware of subtle feedback from the environment.

LEVEL 5: Pragmatics are functional in unfamiliar settings and with unfamiliar partners with consistent minimal cueing. The individual inconsistently responds to subtle feedback from the environment.

LEVEL 6: Pragmatics are functional in most settings or situations with occasional minimal cues. The majority of the time, the individual is able to modify behaviors in response to subtle feedback from the environment.

LEVEL 7: The individual's ability to successfully and independently participate in vocational, avocational, and social activities is not limited by pragmatics. The individual rarely experiences pragmatic difficulties, but when this occurs, is consistently and independently able to modify behaviors in response to feedback from the environment.

Problem Solving

Note: Individuals should be scored on this FCM based on their problem solving ability during the completion of functional activities. Problem solving involves the ability to identify the problem, generate appropriate solutions and evaluate the outcome in a reasonable/timely manner.

Individuals must demonstrate sufficient attention and memory skills to be scored on this FCM (functioning at a minimum of level 3 on the Attention and Memory FCMs).

For the purposes of this scale, supervision is defined as follows: 1:1 supervision - for safety reasons, the individual requires monitoring at all times; close supervision - individual requires someone standing by or within arm's reach during problem solving task; and distant supervision - individual requires someone checking in during problem solving tasks.

The following are examples of problem solving tasks as used with this FCM:

Rote Problem Solving Tasks: picking up dropped item when knocked over, turning on/off television or light, and answering telephone.

Simple Problem Solving Tasks: following schedule, requesting assistance, using call bell, identifying basic wants/needs, cold meal preparation, and completing personal hygiene/dressing.

Complex Problem Solving Tasks: working on a computer, managing personal, medical, and financial affairs, preparing complex meal, grocery shopping, and route finding/map reading.

LEVEL 1: Problem solving skills are nonfunctional in all situations or settings regardless of cueing or additional time given. The individual does not recognize a problem given any level of cueing. 1:1 supervision is required.

LEVEL 2: The individual is able to solve rote problems (i.e. picking up a cup, if knocked over) in immediate environment. With consistent, maximal cues/assistance and additional time, the individual is able to recognize problems, generate appropriate solutions and/or carry out steps to complete simple problem solving tasks in structured environments. However, problem solving attempts are rarely accurate and 1:1 supervision is required.

LEVEL 3: The individual usually requires moderate cues/assistance and additional time to recognize problems, generate appropriate solutions and/or carry out steps to complete simple problem solving tasks in structured environments, although accuracy may vary. Close supervision is required.

LEVEL 4: The individual occasionally requires minimal cues/assistance to complete simple problem solving tasks in structured environments. Additional time may be needed to recognize problems, generate appropriate solutions and carry out steps to solve problems. Distant supervision may be required to complete simple problem solving tasks.

The individual demonstrates emerging problem solving skills for complex problem solving tasks. With consistent, maximal cues/assistance and additional time, he/she is able to identify salient features of complex problems, but rarely provides appropriate solutions. The individual rarely self-monitors effectiveness of performance and/or uses strategies when encountering difficulty. Close supervision may be required during complex problem solving tasks.

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Problem Solving FCM continued

LEVEL 5: The individual demonstrates functional problem solving skills in routine daily activities. He/she rarely requires minimal cueing/assistance or additional time to recognize problems, identify various solutions and carry out steps to complete simple problem solving tasks.

The individual usually requires moderate cues/assistance to identify salient features of complex problems and occasionally provides appropriate solutions. He/she usually needs additional time to complete complex problem solving tasks and occasionally self-monitors effectiveness of performance and uses strategies when encountering difficulty. Distant supervision may be required to complete complex problem solving tasks.

LEVEL 6: Problem solving skills are functional in most settings, but some limitations in problem solving are still apparent in vocational, avocational and social activities. The individual rarely requires minimal cueing/assistance or additional time to generate multiple solutions and carry out steps to complete complex problem solving tasks. He/she usually self-monitors effectiveness of performance and uses strategies when encountering difficulty.

LEVEL 7: The individual's ability to successfully and independently participate in vocational, avocational, or social activities is not limited by problem solving skills. Independent functioning rarely requires more than a reasonable time to complete complex problem solving tasks. The individual independently self-monitors effectiveness of performance and uses strategies when needed.

Reading

LEVEL 1: The individual attends to printed material, but doesn't recognize even single letters or common words.

LEVEL 2: The individual reads single letters and common words with consistent maximal cueing.

LEVEL 3: The individual reads single letters and common words, and with consistent moderate cueing, can read some words that are less familiar, longer, and more complex.

LEVEL 4: The individual reads words and phrases related to routine daily activities, and words that are less familiar, longer, and more complex. The individual usually requires moderate cueing to read sentences of approximately 5–7 words.

LEVEL 5: The individual reads sentence-level material containing some complex words. The individual occasionally requires minimal cueing to read more complex sentences and paragraph-level material. The individual occasionally uses compensatory strategies.

LEVEL 6: The individual is successfully able to read most material but some limitations in reading are still apparent in vocational, avocational, and social activities. The individual rarely requires minimal cueing to read complex material. Although reading is successful, it may take the individual longer to read the material. The individual usually uses compensatory strategies when encountering difficulty.

LEVEL 7: The individual's ability to successfully and independently participate in vocational, avocational, and social activities is not limited by reading skills. Independent functioning may occasionally include use of compensatory strategies.

Spoken Language Comprehension

LEVEL 1: The individual is alert, but unable to follow simple directions or respond to yes/no questions, even with cues.

LEVEL 2: With consistent, maximal cues, the individual is able to follow simple directions, respond to simple yes/no questions in context, and respond to simple words or phrases related to personal needs.

LEVEL 3: The individual usually responds accurately to simple yes/no questions. The individual is able to follow simple directions out of context, although moderate cueing is consistently needed. Accurate comprehension of more complex directions/messages is infrequent.

LEVEL 4: The individual consistently responds accurately to simple yes/no questions and occasionally follows simple directions without cues. Moderate contextual support is usually needed to understand complex sentences/messages. The individual is able to understand limited conversations about routine daily activities with familiar communication partners.

LEVEL 5: The individual is able to understand communication in structured conversations with both familiar and unfamiliar communication partners. The individual occasionally requires minimal cueing to understand more complex sentences/messages. The individual occasionally initiates the use of compensatory strategies when encountering difficulty.

LEVEL 6: The individual is able to understand communication in most activities, but some limitations in comprehension are still apparent in vocational, avocational, and social activities. The individual rarely requires minimal cueing to understand complex sentences. The individual usually uses compensatory strategies when encountering difficulty.

LEVEL 7: The individual's ability to independently participate in vocational, avocational, and social activities are not limited by spoken language comprehension. When difficulty with comprehension occurs, the individual consistently uses a compensatory strategy.

Spoken Language Expression

Note: This FCM should not be used for individuals using an augmentative/alternative communication system.

LEVEL 1: The individual attempts to speak, but verbalizations are not meaningful to familiar or unfamiliar communication partners at any time.

LEVEL 2: The individual attempts to speak, although few attempts are accurate or appropriate. The communication partner must assume responsibility for structuring the communication exchange, and with consistent and maximal cueing, the individual can only occasionally produce automatic and/or imitative words and phrases that are rarely meaningful in context.

LEVEL 3 The communication partner must assume responsibility for structuring the communication exchange, and with consistent and moderate cueing, the individual can produce words and phrases that are appropriate and meaningful in context.

LEVEL 4: The individual is successfully able to initiate communication using spoken language in simple, structured conversations in routine daily activities with familiar communication partners. The individual usually requires moderate cueing, but is able to demonstrate use of simple sentences (i.e., semantics, syntax, and morphology) and rarely uses complex sentences/messages.

LEVEL 5: The individual is successfully able to initiate communication using spoken language in structured conversations with both familiar and unfamiliar communication partners. The individual occasionally requires minimal cueing to frame more complex sentences in messages. The individual occasionally self-cues when encountering difficulty.

LEVEL 6: The individual is successfully able to communicate in most activities, but some limitations in spoken language are still apparent in vocational, avocational, and social activities. The individual rarely requires minimal cueing to frame complex sentences. The individual usually self-cues when encountering difficulty.

LEVEL 7: The individual's ability to successfully and independently participate in vocational, avocational, and social activities is not limited by spoken language skills. Independent functioning may occasionally include use of self-cueing.

Swallowing

Note: In Levels 3–5, some patients may meet only one of the “and/or” criteria listed. If you have difficulty deciding on the most appropriate level for an individual, use dietary level as the most important criterion if the dietary level is the result of swallow function rather than dentition only. Dietary levels at FCM Levels 6 and 7 should be judged only on swallow function, and any influence of poor dentition should be disregarded.

LEVEL 1: Individual is not able to swallow anything safely by mouth. All nutrition and hydration is received through non-oral means (e.g., nasogastric tube, PEG).

LEVEL 2: Individual is not able to swallow safely by mouth for nutrition and hydration, but may take some consistency with consistent maximal cues in therapy only. Alternative method of feeding required.

LEVEL 3: Alternative method of feeding required as individual takes less than 50% of nutrition and hydration by mouth, and/or swallowing is safe with consistent use of moderate cues to use compensatory strategies and/or requires maximum diet restriction.

LEVEL 4: Swallowing is safe, but usually requires moderate cues to use compensatory strategies, and/or the individual has moderate diet restrictions and/or still requires tube feeding and/or oral supplements.

LEVEL 5: Swallowing is safe with minimal diet restriction and/or occasionally requires minimal cueing to use compensatory strategies. The individual may occasionally self-cue. All nutrition and hydration needs are met by mouth at mealtime.

LEVEL 6: Swallowing is safe, and the individual eats and drinks independently and may rarely require minimal cueing. The individual usually self-cues when difficulty occurs. May need to avoid specific food items (e.g., popcorn and nuts), or require additional time (due to dysphagia).

LEVEL 7: The individual’s ability to eat independently is not limited by swallow function. Swallowing would be safe and efficient for all consistencies. Compensatory strategies are effectively used when needed.

Diet levels/restrictions are defined on the next page. Your facility’s levels may not exactly match these, but please use these levels as a guide in scoring this FCM.

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Swallowing: Dietary Levels/Restrictions

Maximum restrictions:	Diet is two or more levels below a regular diet status in solid and liquid consistency.
Moderate restrictions:	Diet is two or more levels below a regular diet status in either solid or liquid consistency (but not both), OR diet is one level below in both solid <i>and</i> liquid consistency.
Minimum restrictions:	Diet is one level below a regular diet status in solid <i>or</i> liquid consistency.

Solids

Regular:	No restrictions.
Reduced one level:	Meats are cooked until soft, with no tough or stringy foods. Might include meats like meat loaf, baked fish, and soft chicken. Vegetables are cooked soft.
Reduced two levels:	Meats are chopped or ground. Vegetables are of one consistency (e.g., soufflé, baked potato) or are mashed with a fork.
Reduced three levels:	Meats and vegetables are pureed.

Liquids

Regular:	Thin liquids; no restrictions.
Reduced one level:	Nectar, syrup; mildly thick.
Reduced two levels:	Honey; moderately thick.
Reduced three levels:	Pudding; extra thick.

Voice

Note: This FCM should not be used for individuals who have had a laryngectomy or tracheotomy, or for individuals with resonance disorders.

LEVEL 1: The individual is unable to use voice to communicate. Alternative means for communicating are used all of the time. The individual cannot participate in vocational, avocational, and social activities requiring voice.

LEVEL 2: Voice is not functional for communication most of the time. Alternative means for communicating must be used most of the time. The individual's participation in vocational, avocational, and social activities is significantly limited all of the time.

LEVEL 3: Voice is functional for communication, but is consistently distracting and interferes with communication by drawing attention to itself. Participation in vocational, avocational, and social activities is limited most of the time.

LEVEL 4: Voice is functional for communication, but sometimes distracting. The individual's ability to participate in vocational, avocational, and social activities requiring voice is occasionally affected in low-vocal demand activities, but consistently affected in high-vocal demand activities.

LEVEL 5: Voice occasionally sounds normal with self-monitoring, but there is some situational variation. The individual's ability to participate in vocational, avocational, and social activities requiring voice is rarely affected in low-vocal demand activities, but is occasionally affected in high-vocal demand activities.

LEVEL 6: Voice sounds normal most of the time across all settings and situations. Self-monitoring is consistent when needed. The individual's ability to participate in vocational, avocational, and social activities requiring voice is not affected in low-vocal demand activities, but is rarely affected in high-vocal demand activities.

LEVEL 7: The individual's ability to successfully and independently participate in vocational, avocational, and social activities requiring high- or low-vocal demands is not limited by voice. Self-monitoring is effectively used, but only occasionally needed.

Voice following Tracheostomy

Note: This FCM should be used for individuals who have undergone tracheostomy tube placement as a result of a temporary or stable medical condition and are considered candidates for oral communication.

Application of this FCM assumes appropriate sizing and placement of tracheostomy tube and includes individuals on mechanical ventilation.

Voicing can be achieved using digital occlusion of the tracheostomy tube, placement of a speaking valve, tracheostomy tube cap or via a talking tracheostomy tube. Scoring on this FCM does not include ability to independently set up and manage equipment.

LEVEL 1: The individual cannot produce voice as a result of tracheostomy. Alternate means for communication (e.g. writing, mouthing, gestures, alphabet board, electronic device, etc.) are used all of the time. The individual cannot participate in vocational, avocational and social activities requiring oral communication.

LEVEL 2: With consistent, maximal cueing/assistance, the individual can produce short intervals of phonation/vocalization and/or consonant-vowel combinations. However, voice is not functional for communication with alternate means for communication required all of the time. Participation in vocational, avocational and social activities requiring oral communication is significantly limited all of the time.

LEVEL3: The individual usually requires moderate cueing/assistance to produce simple words and short phrases, although accuracy may vary. Participation in vocational, avocational and social activities requiring oral communication is limited most of the time and alternate means of communication may be needed.

LEVEL 4: The individual occasionally requires minimal cueing/assistance to produce simple sentences/messages during structured conversations with familiar communication partners and usually requires moderate cueing/assistance to produce simple sentences/messages with unfamiliar partners, although accuracy may vary. Spontaneous conversation is not consistent and the individual rarely produces complex sentences/messages that are understood by others. Participation in vocational, avocational and social activities requiring oral communication is limited some of the time and alternate means of communication may be needed.

LEVEL 5: The individual is successfully able to communicate using voice via the tracheostomy tube during structured conversations with familiar and unfamiliar partners. The individual occasionally requires minimal cueing/assistance to intelligibly produce more complex sentences/messages with unfamiliar partners. He/she occasionally self-monitors communication effectiveness when encountering difficulty.

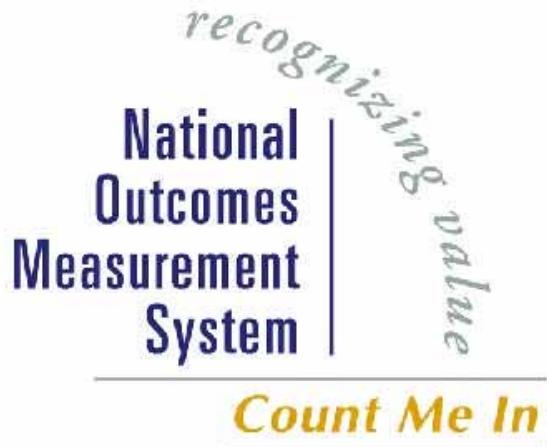
LEVEL 6: The individual is successfully able to communicate using voice via the tracheostomy tube in most situations, but some limitations are still apparent in vocational, avocational and social activities. The individual rarely requires minimal cueing/assistance to intelligibly produce complex sentences/messages and usually self-monitors communication effectiveness when encountering difficulty.

LEVEL 7: The individual's ability to successfully and independently participate in vocational, avocational and social activities is not limited by the tracheotomy, or use of the tracheostomy tube. The individual independently self-monitors communication effectiveness when encountering difficulties.

Writing

Note: This FCM should not be used for individuals using an augmentative-alternative communication system. References made here to the writing of words assume that the words are spelled correctly.

- LEVEL 1:** The individual attempts to write, but doesn't produce recognizable single letters or common words.
- LEVEL 2:** The individual writes single letters and common words with consistent maximal cueing.
- LEVEL 3:** The individual writes single letters and common words, and with consistent moderate cueing, can write some words that are less familiar, longer, and more complex.
- LEVEL 4:** The individual writes words and phrases related to routine daily activities and words that are less familiar, longer, and more complex. The individual usually requires moderate cueing to write sentences of approximately 5–7 words.
- LEVEL 5:** The individual writes sentence-level material containing some complex words. The individual occasionally requires minimal cueing to write more complex sentences and paragraph-level material. The individual occasionally uses compensatory strategies.
- LEVEL 6:** The individual is successfully able to write most material, but some limitations in writing are still apparent in vocational, avocational, and social activities. The individual rarely requires minimal cueing to write complex material. The individual usually uses compensatory strategies when encountering difficulty.
- LEVEL 7:** The individual's ability to successfully and independently participate in vocational, avocational, and social activities is not limited by writing skills. Independent functioning may occasionally include use of compensatory strategies.



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