

Choking Awareness - Self-Assessment

Use this form to reflect and rate your awareness, knowledge, skills and confidence in identifying people who may have a choking risk and managing that risk. If you score 30, or below, please revise knowledge, e.g. watch the choking awareness videos available from the Help stop choking website. Provide a copy of your completed form to your manager as evidence of your choking awareness following choking incidents.

Name

Date

Score your awareness, knowledge, skills and confidence from 5 very good to 1 very poor.

	5 Very good I know everything	4 Good I know most things	3 Ok I know some things	2 Poor I know a little	1 Very poor I know very little
1. Do you know what choking is and why people choke?					
2. How would you rate your ability to recognise the signs when someone is choking?					
3. How would you rate your knowledge of the consequences and risks of choking?					
4. How would you rate your knowledge of which foods are high-risk choking foods?					
5. How would you rate your skills of knowing how to modify/change food to make it easier to eat?					
6. How would you rate your knowledge of safe eating strategies?					
7. How would you rate your skills of making the environment safer to reduce the risk of choking?					
8. How would you rate your knowledge of the different people who can help someone who has a choking risk?					
9. Are you confident in how to help someone who is choking in an emergency?					
10. Are you confident you know how to support a person who chooses to eat high-risk foods?					

Total score /50