

Name:

Choking Tracker

Please note either solid or liquid choking incidents. Any occasion where she coughs overtly whether immediately after or after a delay, has watery eyes or shows panic

Date	Time am / pr	Meal / snack	What else was she doing?	Position	Other Notes
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E.G. 1/25	12PM	MEAL	15 mins into lunch	In highchair	coughed following the open cup,
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(what do you think caused it?)

18 horizontal grey bars for writing.

