IDDSI Framework
Frequently Asked Questions
FAQs
INTRODUCTION

The International Dysphagia Diet Standardisation Initiative (IDDSI) was founded in 2013 with the goal of developing new global standardised terminology and definitions to describe texture modified foods and thickened liquids used for individuals with dysphagia of all ages, in all care settings, and all cultures.

Three years of ongoing work by the International Dysphagia Diet Standardisation Committee has culminated in a final dysphagia diet framework consisting of a continuum of 8 levels (0-7). Levels are identified by numbers, text labels and colour codes.

This document provides details regarding Frequently Asked Questions (FAQs) about the IDDSI Framework.

This document is to be read in conjunction with the Complete IDDSI Framework, IDDSI Testing and IDDSI Evidence documents (http://iddsi.org/resources/framework/).

The IDDSI Committee would like to acknowledge the interest and participation of the global community including patients, caregivers, health professionals, industry, professional associations and researchers. We would also like to thank our sponsors for their generous support.

The IDDSI Committee:

Co-Chairs: Peter Lam (CAN) & Julie Cichero (AUS);
Committee Members: Jianshe Chen (CHN), Roberto Dantas (BRA), Janice Duivestein (CAN), Ben Hanson (UK), Jun Kayashita (JPN), Caroline Lecko (UK), Mershen Pillay (ZAF), Luis Riquelme (USA), Soenke Stanschus (GER), Catriona Steele (CAN).

Past Committee Members: Joe Murray (USA)

The International Dysphagia Diet Standardisation Initiative Inc. (IDDSI) is an independent, not-for-profit entity. IDDSI is grateful to a large number of agencies, organizations and industry partners for financial and other support. Sponsors have not been involved with the design or development of the IDDSI framework.

Development of the IDDSI framework (2012-2015)

IDDSI would like to thank and acknowledge the following sponsors for their generous support in the development of the IDDSI framework:

- Nutricia Advanced Medical Nutrition (2013-2014)
- Campbell’s Food Service (2013-2015)
- Trisco (2013-2015)
- Food Care Co. Ltd. Japan (2015)
- Flavour Creations (2013-2015)
- Simply Thick (2015)
- Lyons (2015)

Implementation of the IDDSI framework is in progress. IDDSI is extremely grateful to all sponsors supporting implementation http://iddsi.org/about-us/sponsors/
FAQ Category: Drinks

Q: My facility only uses two levels of drink thickness. Do we have to use all of the IDDSI drink thickness levels?

A: No, although the IDDSI framework includes five different levels of increasing drink thickness, there is no expectation that every facility will use all five levels. For example, some aged care facilities may only use Level 0 - Thin, Level 3- Moderately Thick/Liquidised and Level 4 – Extremely Thick/Pureed. By labeling the drinks in this way, when a patient/client moves from a facility with fewer drink levels to a hospital with more drink levels, it will be faster, safer and more accurate for health professionals and care staff to provide the appropriate drink thickness level.
FAQ Category: Drinks

Q: I’ve not heard of Level 1 – Slightly Thick before, what is this level?

A: Level 1 – Slightly Thick is predominantly used by paediatric clinicians and refers to the thickness level similar to commercially prepared anti-regurgitation infant formula. It is noticeably thicker than regular Level 0 – thin drinks, but thinner than Level 2 – Mildly Thick drinks. Level 1- Slightly Thick slows the flow of the liquid but can be sucked through a nipple/teat without significant effort. Level 2 Mildly Thick fluids also flow more slowly, but due to their thickness require much more effort to suck through a nipple/teat. Clinicians working with adult caseloads may find that some products that they have previously described as “naturally thick” fall in this Level 1 – Slightly Thick category.

References:


FAQ Category: Drinks

Q: My facility has used the terms ‘nectar’ and ‘honey’ for decades; why weren’t these terms used in the IDDSI framework?

A: Two international stakeholder surveys were conducted regarding texture terminology, and received more than 5000 responses. Although the terms ‘nectar’ and ‘honey’ were widely understood in some parts of the world, they were not understood in other parts of the world, particularly Asia. Other considerations included the natural variability of ‘honey’ in its crystalline and liquid states, and that the food honey is a botulism risk for infants under the age of 12 months. As an international framework suitable for use across the age spectrum, it was decided that terms that described variations of drink thickness would be most appropriate.
FAQ Category: Drinks; Foods

Q: Why do Level 3 ‘Liquidised’ foods and ‘Moderately thick’ drinks share the same number and why do Level 4 ‘Pureed’ foods and ‘Extremely thick’ drinks share the same number?

A: During the testing phase of IDDSI framework development, the committee came to the realization that at Level 3 liquidised foods and moderately thick drinks share the same flow characteristics and descriptions. The same is also true for Level 4 pureed foods and extremely thick drinks. By using the same number and colour to identify both foods and drinks at each of these levels, the IDDSI framework demonstrates this equivalence in texture. We decided to retain separate text labels for foods and drinks at each of these levels based on feedback from food service professionals who told us that they need to be able to label an item as a food or a drink, in addition to its texture characteristics. We are able to differentiate between foods and drinks using the inverted triangle for foods and the upright triangle for drinks.

<table>
<thead>
<tr>
<th>Level</th>
<th>Category</th>
<th>Food label</th>
<th>Drink label</th>
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<tr>
<td>3</td>
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<td>4</td>
<td>Extremely thick</td>
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</table>
FAQ Category: Drinks; Testing Methods

Q: Won’t fruit smoothies and liquidised soups clog up the syringe?

A: The official IDDSI recommendation is that products in Levels 0-4 should be smooth and homogeneous, without particles or lumps. If you are blending a smoothie or a soup, then you must take care to ensure there are no lumps or seeds. If particles clog the syringe during the IDDSI Flow Test, then additional blending or passing through a sieve is recommended. The IDDI Flow test has been successfully used to measure the thickness of soup and smoothies. It is also sensitive enough to show changes in consistency with a change in temperature. It should be noted that the IDDSI Flow Test is designed to confirm the flow characteristics of levels 0-3. Level 4 Extremely thick fluids will not flow through the syringe or may pass only 1-2 droplets. At this level, the Spoon Tilt Test and Fork Drip test are recommended to confirm sample characteristics. (See IDDSI Testing Methods document for further information (http://iddsi.org/resources/framework/)
FAQ Category: Testing Methods; Drinks

Q: What does a 10 mL Slip Tip syringe look like and can I be sure it is the same around the world?

A: A 10 mL ‘slip tip’ syringe is shown in the photo below. It is sold as a plastic sterile hypodermic syringe for single use. It is also known as a ‘Luer slip tip’ syringe. The tip of the syringe is smooth and without a locking system. It does not matter if the tip is situated to be central or eccentric (positioned off to one side).

Although 10 mL syringes were initially thought to be identical throughout the world based on reference to an ISO standard (ISO 7886-1), it has subsequently been determined that the ISO document refers only to the nozzle of the syringe and that variability in barrel length and dimensions may exist between brands. The IDDSI Flow test uses a specific reference syringe with a measured length of 61.5 mm from the zero line to the 10 mL line (BD™ syringes were used for the development of the tests – manufacturer code 301604). IDDSI is aware that there are some syringes that are labeled as 10 mL, but in fact have a 12 mL capacity. Results using a 12 mL syringe will be different to those from a true 10 mL syringe.

Details for conducting the test can be found in the IDDSI Testing Methods document. Videos showing the IDDSI Flow Test can also be viewed at: http://iddsi.org/framework/drink-testing-methods/

References:
FAQ Category: Testing methods; Drinks

Q: When I test the sample using the IDDSI Flow test I have exactly 8mL left in the syringe – is this Level 2 or Level 3?

A: The sample is *neither* Level 2 *nor* Level 3. A sample that tests at exactly the IDDSI cut-off point of 8 mL is exactly between levels 2 and 3. It needs to be adjusted to meet either the Level 2 Mildly Thick of Level 3 Liquidised or Moderately Thick requirements.

The same is true of a sample that tests at exactly 4 mL. It is neither a Level 1 nor a Level 2, but between levels. Likewise it would need recipe adjustment to allow it to test at either Level 1 Slightly thick or Level 2 Mildly thick as desired.
FAQ Category: Testing methods; Drinks; Foods

Q: If there is no flow (or 1 or 2 drips) through the syringe after 10 seconds, does that automatically make the sample a Level 4 – Pureed or Extremely Thick?

A: No. If there is no flow (or only 1 or 2 drips) through the syringe after 10 seconds, then the sample is thicker than Level 3 – Liquidised or Moderately thick. The sample should then be tested using the Spoon Tilt test and the Fork Drip test to see if it meets the requirements for Level 4 Pureed or Extremely Thick. Follow the descriptors for Level 4 Pureed or Extremely thick.

It is possible that a sample will be too thick to flow through the syringe, but NOT meet the requirements for Level 4. Some common problems include slumping, the sample leaving a sticky residue on the spoon, and the sample having a long tail under the fork when assessed using the Fork Drip test. In these cases the sample is neither a Level 3 nor a Level 4. It is between levels. The sample needs to be adjusted to meet either the Level 3 or Level 4 requirements.
FAQ Category: Foods

Q: My facility only uses two levels of texture-modified foods. Do we have to use all of the IDDSI food levels?

A: No, although the IDDSI framework includes five different levels of increasing food texture modification, there is no expectation that every facility will use all five levels. For example, some aged care facilities may only use Level 7- Regular, Level 6- Soft & Bite-sized, and Level 4- Puree/Extremely Thick. By labeling the foods in this way, when a patient/client moves from a facility with fewer food levels to a hospital with more food levels, it will be faster, safer and more accurate for health professionals and care staff to provide the appropriate food level.
FAQ Category: Foods

Q: I’ve not heard of transitional foods before, what are they?

A: Transitional foods are used predominantly used by paediatric clinicians or clinicians who work with individuals with developmental disability. They refer to foods or substances that change quickly to become easier to chew or swallow with added moisture or a change in temperature. For example, items such as ice cream wafers or some potato crisps are firm in their original state but when moisture (e.g. water or saliva) is added, they break down quickly and easily with tongue to palatal pressure. Chewing can be achieved with reduced effort and less likelihood of fatigue. Ice chips also fall into this category, starting as firm solids that are slippery and easy to swallow, but melting at body temperature. Similarly, ice cream or gelatin-based jellies may be firm when served at room temperature but melt quickly in the mouth to a liquid consistency. In Japan, locust-bean or carrageenan based Dysphagia Japanese Training Jelly is firm yet slippery to facilitate swallowing. Often these foods or substances are introduced as a first step in the process of advancing towards more challenging textures or are used for therapeutic rehabilitation of chewing or swallowing due to their unique textural qualities (Gisel 1991; Dovey et al., 2013).

Examples:

![Cheese puffs](image1.jpg)

![Wafers](image2.jpg)

References:


FAQ Category: Foods

Q: Jelly is typically not included on dysphagia diets, why is Japanese Dysphagia Training Jelly included (Transitional Foods)?

A: Jelly made with gelatin is typically not included in dysphagia diets as it often breaks apart in the mouth due to the increase in temperature from cold to warmer body temperature making it more challenging to swallow. Jelly, however, can be made from a number of different substances and these substances may behave quite differently to each other in the mouth. For example, jelly made with konjac (also known as glucomanan, conjac, Konnyaku, taro powder or yam powder) has been identified as a particular choking risk based on its association with choking deaths. This has resulted in the ban of jelly cups containing konjac in a number of countries around the world (Japanese Food Safety Commission, 2010). However, in Japan jelly made with carrageenan and locust bean gum or locust bean gum and Xanthan holds together in the oral phase, is resistant to tongue palate pressure and does not fracture and release water. It also provides a slippery texture that has been shown to facilitate the rehabilitation of swallowing function. In addition to these textural properties, the Japanese Dysphagia Training jelly is specifically cut to a size that facilitates swallowing whilst avoiding choking risk (1 x15 mm).

Example of Japanese dysphagia training jelly - note size has been cut to 1mm x 15 mm

Source: http://image.rakuten.co.jp/iryouyoku/cabinet/03511530/03511532/img59981825.jpg
FAQ Category: Foods

Q: My facility serves sandwiches with moist, minced fillings. Can this be included in the Level 5 - Minced & moist diet?

A: As a general rule, bread products are considered a regular food texture (Level 7) and are not permitted at levels 6 (Soft & Bite-Sized) or 5 (Minced & Moist). This decision is based on a review of the choking literature, in which bread is frequently identified as a cause of choking (Irwin et al., 1977; Ekberg & Feinberg, 1992; South Australia Coronial Inquest, 1997; Wick et al., 2006; Berzlanovich et al., 1999, 2005; Food Safety Commission of Japan, 2010; Licea, 2016). If a piece of bread or sandwich is pre-cut to fall below the maximum size guideline of Level 6 (1.5 cm for adults), then a clinician might decide to allow it for some patients on a case-by-case basis. Bread cannot, however, be easily mashed or broken down into particles of 4mm or smaller, due to its fibrous nature and it is therefore not suitable for inclusion at Level 5 (Minced & Moist). In some countries, modified bread products may be available under the names “pre-gelled” or “soaked” bread. The IDDSI food texture testing guidelines should be used to confirm whether or not these products fall within levels 5 or 6 on the IDDSI framework.

References:
**FAQ Category: Foods; Choking**

**Q:** Bread provides an opportunity to offer patients variety. Why is it considered a choking risk?

**A:** As a general rule bread products are considered a regular food texture (Level 7). This decision is based on the choking literature where bread is often identified as a cause of choking (Irwin et al., 1977; Ekberg & Feinberg, 1992; South Australia Coronial Inquest, 1997; Wick et al., 2006; Berzlanovich et al., 1999, 2005; Food Safety Commission of Japan, 2010; Licea, 2016). Bread and sandwiches require the ability to both bite and chew. Although bread looks and feels soft, it cannot be easily mashed or broken down into particles of 4mm or smaller due to its fibrous nature. In fact the number of chewing strokes, chewing strength and stamina required to make bread swallow-safe are about the same as those required to chew and swallow peanuts safely (Hoebler et al., 2000; Koyama et al., 2003). Individuals who tire easily while chewing may find bread difficult to chew to a small enough size to be swallow-safe. Bread also requires softening with saliva for effective chewing (Hoebler et al., 2000). For individuals with dry mouth (e.g. medication side effects, post radiotherapy etc.) bread is often not adequately wetted for swallowing resulting in food sticking in the throat. Bread does not dissolve when wet but does become sticky. Sticky or adhesive foods are also considered a choking risk (Irwin et al., 1977; Ekberg & Feinberg, 1992; Wick et al., 2006; Berzlanovich et al., 1999, 2005). The ability to safely manage bread and sandwiches should be assessed on a case-by-case basis by a dysphagia specialist.

**References:**


FAQ Category: Foods; Choking; Aspiration

Q: Why are ‘mixed consistency’ or ‘dual consistency’ or ‘two phase’ foods considered a choking risk?

A: As a general rule, ‘mixed’ or ‘dual consistency’ foods are considered a regular food texture (Level 7) and are not permitted on other food levels. Mixed or dual consistency foods by definition include both solids and liquids (e.g. vegetables in a soup broth). During oral preparation, this requires the ability to manage both components. Research has shown that the liquid component of these types of foods spill into the pharynx and collect there during chewing of the solid component (Saitoh et al., 2007). This may represent an increased aspiration risk in people with dysphagia. In some cases, the liquid is swallowed first so that the solid portion can be chewed, however this requires the ability to safely separate the liquid and solid components in the mouth. Considerable oral skill is required to manipulate and control “mixed” or “dual” consistency foods and for this reason they are considered particularly challenging and a choking risk. “Mixed or dual” consistency foods are only suitable for people who can safely manage the combination of both Level 7 (Regular foods) and Level 0 (Thin liquids).

References:
**FAQ Category: Foods; Choking**

**Q:** Should patients with missing teeth or dentures be placed on IDDSI diets or regular diets?

**A:** Individuals with missing teeth or dentures may benefit from modified food textures even if they do not have dysphagia. Missing teeth, ill-fitting dentures and dental disease are correlated with autopsy results of sudden choking deaths (Berzlanovich et al., 2005; Wick et al., 2006). Dentures have been associated with poor chewing strength and poorly chewed boluses. People with removable dentures achieve only 25% of the chewing effectiveness of individuals with their own teeth and produce a coarser chewed bolus with larger particles (Pereira et al., 2006; Okamoto et al., 2012). Research suggests that older adults with fewer than 13 teeth have an increased risk of coughing and choking (Okamoto et al., 2012). Kayser (1981) and Kayer et al. (1987) go further suggesting that 12 front teeth and 8 pre-molar teeth are required for adequate chewing function. If it has been determined that the person does not need pre-cut bite-sizes, then there may be softer foods within the Level 7 options that are well suited for these people.

**References:**


FAQ Category: Pills, capsules, tablets; Choking; Aspiration

Q: Although they are not foods, people are also asked to swallow pills, capsules and tablets. What diet levels would include the expectation that a person is able swallow whole tablets or capsules and for which diet levels would tablets and capsules pose a choking risk?

A: The ability to swallow pills or tablets and capsules varies from healthy person to healthy person and is also a concern for choking/aspiration risk for people with swallowing difficulties (Sundar et al., 2001; Carnaby-Mann & Crary 2005; Lau et al., 2015). From a food texture perspective, individuals who are able to safely manage Level 7 - Regular food and Level 6 - Soft & Bite-sized foods may be able to manage solid dose medications like tablets and capsules. Some individuals on Level 5 – Minced & Moist may also be able to manage oral medications. However, pills, tablets and capsules would be considered a choking risk for people who require Level 4 - Pureed/Extremely Thick. Ability to swallow whole pills, tablets and capsules can be assessed on a case-by-case basis by a dysphagia specialist. In the event that the person is not able to swallow whole pills, tablets or capsules consult the person’s Doctor for advice on alternative formulations. Cutting or crushing of medication is NOT recommended, and may have critical adverse effects (Wright, 2002). Always seek advice from a Doctor or Pharmacist before altering medication. Resources are also available for medication management for people with swallowing difficulties (White & Bradnam, 2007; Society of Hospital Pharmacists of Australia, 2015).

References:
Wright D. Tablet crushing is a widespread practice but it is not safe and may not be legal. The Pharmaceutical Journal. 2002; 269: 132.
FAQ Category: Foods

Q: For foods like soup that need to meet Level 3- Liquidised food texture requirements do I just blend with water to meet this consistency?

A: No. While the IDDSI Framework addresses texture, we understand that individuals with swallowing disorders are at high risk of protein-energy malnutrition and that texture modified meals may make it difficult to meet nutritional needs (Finestone & Green, 2003; Wright et al., 2005; Taylor & Barr, 2006; Charlton et al., 2010). Blending food with water dilutes the nutrient and energy content of the blended food. Nutrient rich alternatives such as milk, butter, cream, cheese, gravy, creamy soup or sour cream could be used to bring the food to a liquidised thickness. However, please consult a Dietitian or Nutrition Specialist to ensure that texture modified foods retain nutrients, and their ability to meet individuals’ energy needs.

References:


FAQ Category: Foods; choking; bread

Q: Do all foods at Level 6 – Soft & Bite-sized (adult guidelines) need to meet the 1.5 x 1.5cm particle size requirements?

A: Yes, all foods (sandwiches included) need to meet the particle size requirements for Level 6 – Soft & Bite-sized. The relationship between particle size and risk of asphyxiation has been identified in the literature (Samuels & Chadwick, 2006; Kennedy et al., 2014). It cannot be assumed that nursing staff or carers will be able to chop food to the required size for swallow safety. In order to avoid asphyxiation, particles should be small enough to pass through rather than block the trachea. The average tracheal size for adult males is 22mm and for adult females is 17 mm (Brodsky et al., 1996). Particle sizes of 15 mm (i.e. 1.5cm) size are therefore more likely to pass through the trachea, than block it. IDDSI appreciates that provision of food like sandwiches is very difficult at this particle size and asks clinicians and carers to consider providing ‘soaked’ breads as an alternative. For example, finely chop bread and add equal amounts of water and butter (fat) to create a softened bread texture, re-shape and serve. The combination of water and fat content reduces stickiness and improves bolus cohesion.

If the person is able to chop their food into small pieces AND they do not need supervision AND they are not at risk of choking, consider advancing to a Level 7 – Regular Diet, beginning with softer items from that level.

References:


FAQ Category: Foods; Choking

Q: There seems to be a big jump between Level 6 – Soft & Bite-sized and Level 7 – Regular. Why is this?

A: The IDDSI Framework has been developed to address safety for liquids and solids. For solids, both particle size and texture are important for reducing choking risk. Particle sizes have been chosen to reduce choking risk for both paediatric and adult populations (Brodsky et al., 1996; Litman et al., 2003). The other strategy that has been identified to reduce choking risk is the provision of mealtime supervision (Berzlanovich et al., 2005). Although all efforts are made to ensure adequate supervision, it cannot be assumed. The specific that foods at Level 6 Soft & Bites-zed cannot exceed a maximum particle size dimension of 8mm x 8mm (paediatrics) and 1.5 x 1.5 cm (adults) is intended to address choking risk.

For individuals who are NOT at risk of choking, who are independently able to cut or bite foods into appropriate sample sizes, and who do NOT need supervision or assistance while eating, then consideration should be given to prescribing a Level 7 – Regular diet, beginning with ‘soft options’ from this level. Regular diets contain many foods that are typically cooked and served to meet a soft texture requirement (e.g. items like lasagna, shepherd’s pie, risotto, paella are soft and moist, and do not have particle size restrictions).

References:


FAQ Category: Translation; Copyright and using IDDSI resources

Q: Is it ok to translate the IDDSI framework into my own language?

A: Yes! The IDDSI Framework is licensed under the CreativeCommons By Attribution Share Alike 4.0 International license (CC BY SA 4.0) and specifically includes consent for translation (www.iddssi.org).

Keep checking the ‘IDDSI Community’ tab on the website http://iddsi.org/community/ for updates on new translations. For more information on translation or to volunteer to be a translator, please contact communications@iddssi.org

What’s involved in the Framework Translation Process?:

- Documents available for translation include:
  - IDDSI Complete Framework
  - IDDSI Testing methods
- Our translation process involves posting the draft translated document for a period of 3 months to allow review and feedback on the translation from peers. We recognize there may be slight differences within a language and we would like the translated version to be broadly understood and accepted.
- We will provide volunteers with an IDDSI email address where they can receive/respond to questions and feedback for the 3 month period. The email will be yourcountry@iddssi.org {i.e france@iddssi.org}
- At the end of the 3 month period, we ask that the volunteer translator confirms the draft version or re-submits with any changes. The final version will then be posted on the website.
- In appreciation of volunteers’ work and with their permission, we will post an acknowledgement to volunteer translators on our website.

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October 10, 2016
**FAQ Category: Copyright and using IDDSI resources**

<table>
<thead>
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<th>Q: Is there a copyright on the IDDSI framework? Do I need permission to use the IDDSI framework? Do I need permission to copy or use the IDDSI resources?</th>
<th>A: IDDSI is licensed under the CreativeCommons By Attribution Share Alike 4.0 International license (CC BY SA 4.0). You are very welcome to download the framework and all other resources on the website, and use it with the following attribution: (c) The International Dysphagia Diet Standardisation Initiative 2016 @ <a href="http://iddsi.org/framework/">http://iddsi.org/framework/</a>. Attribution is NOT PERMITTED for derivative works incorporating any alterations to the IDDSI Framework that extend beyond language translation. Supplementary Notice: Modification of the diagrams or descriptors within the IDDSI Framework is DISCOURAGED and NOT RECOMMENDED. Alterations to elements of the IDDSI framework may lead to confusion and errors in diet texture or drink selection for patients with dysphagia. Such errors have previously been associated with adverse events including choking and death.</th>
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FAQ Category: IDDSI Resources

Q: My pdf makes the IDDSI colours look dull or I only have a Black and White copy of the IDDSI framework. What are the colours of the IDDSI framework?

A: The process of converting a document into a pdf is known to make colours more dull than they appear on screen. The colours that are associated with the IDDSI numbers and labels are shown in the table below. If you are in need of specific RGB, CMYK or Pantone colours, please contact: communications@iddsi.org

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<th>IDDSI Number</th>
<th>IDDSI Label</th>
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October 10, 2016
*Accompanying documents* (http://iddsi.org/framework/):

- IDDSI Complete Framework
- IDDSI Testing Methods
- IDDSI Evidence