

MY MEAL INTAKE








Patient Name: _____






Room #: _____ Date: _____

This form helps us understand how you are eating. Please complete this form after you have finished **this meal**. If you need help, let us know.

1. List all drinks on your tray; this includes juice, tea/coffee, milk, drink supplements, etc.
2. Place an 'X' in the circle to indicate how much you consumed of each beverage
3. For the food on your tray, place an 'X' in the circle to indicate how much you ate overall; this includes the main dish, side dishes, soup, bread, dessert
4. List any food or beverages you are saving to eat at a later time
5. **Turn the page over** and answer the remaining questions

What meal is this? Breakfast Lunch Supper

What and how much did you drink?	 0% I drank none	 25%	 50%	 75%	 100% I drank all
Example: <i>Milk</i>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much of all the food on your tray did you eat?	 0% I ate none	 25%	 50%	 75%	 100% I ate all
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please list any items (food or beverages) being saved for later: _____

Please turn over 

How was your appetite at this meal?

- Very good/Good
- Less than usual

Why was your appetite less than usual?

- I was not interested in eating
- I had nausea/vomiting
- I was tired
- I had pain
- I ate other foods and was not hungry
- No specific reason
- Other: _____

Did you have any challenges at this meal?

- I needed help to sit up to eat
- I needed help opening food packages
- I needed help to eat and/or drink
- I did not like the food
- I had problems chewing/swallowing
- I was not allowed to eat because I am having a test today
- I did not get what I had ordered (if selective menu)
- The environment was not appetizing
- Other: _____

- I had no challenges

Other comments to share with us about your food intake: _____

Who completed this form? Patient Family/Friend/Volunteer Staff

