## **MY MEAL INTAKE**

Patient Name:				die observed	
Room #:	Date:				
This form helps us understatinished <b>this meal</b> . If you not a second on your tray and a second on your tray, this includes the main discount of the tray and the tray and the tray are the tray and the tray are the tray and the tray are tray and the tray are tray and tray are tray are tray are tray and tray are tray ar	eed help, let us k y; this includes jui o indicate how m place an 'X' in th h, side dishes, so es you are saving	now.  ce, tea/coffee  nuch you cons  ne circle to inc  pup, bread, d  to eat at a la	e, milk, drink su sumed of each dicate how mud essert ter time	pplements, e beverage	tc.
What meal is this? □ Bre	eakfast 🗖 Lu	nch 🗆 Si	upper		
What and how much did you drink?	0% I drank none	25%	50%	75%	100% I drank all
Example: Milk	0	$\circ$	Ø	0	0
	0		0	$\circ$	0
	0	$\bigcirc$	0	$\circ$	0
	0	$\bigcirc$	0	$\circ$	0
	0	0	0	0	0
How much of all the food on your tray did you eat?	0% I ate none	25%	50%	75%	100% I ate all
	0		$\bigcirc$	$\circ$	0





Please turn over .

How was your appetite at this meal?	Did you have any challenges at this meal?			
☐ Very good/Good	☐ I needed help to sit up to eat			
☐ Less than usual	<ul> <li>□ I needed help opening food packages</li> <li>□ I needed help to eat and/or drink</li> <li>□ I did not like the food</li> <li>□ I had problems chewing/swallowing</li> </ul>			
Why was your appetite less than usual?				
☐ I was not interested in eating				
☐ I had nausea/vomiting				
☐ I was tired	<ul> <li>□ I was not allowed to eat because I am having a test today</li> <li>□ I did not get what I had ordered (if selective menu)</li> <li>□ The environment was not appetizing</li> </ul>			
☐ I had pain				
☐ I ate other foods and was not hungry				
□ No specific reason	Other:			
□ Other:				
	☐ I had no challenges			
Other comments to share with us about yo	ur food intake:			
Who completed this form?   Patient	☐ Family/Friend/Volunteer ☐ Staff			

