

Food and Fluid Check List

Information from this will highlight problem areas and influence advice given to patient/carer.

Name _____ NHS number _____

<p>Do you eat?</p> <p>Breakfast Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/></p> <p>Lunch/midday meal Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/></p> <p>Tea/evening meal Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/></p> <p>Snacks between meals Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/></p>	<p>Please give details e.g. meal examples</p>
<p>Do you have a cooked meal daily?</p> <p> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/></p>	<p>Please give details e.g. who supplies or cooks the meals</p>
<p>Do you have a drink?</p> <p>With every meal Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/></p> <p>Between meals Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/></p> <p>During the evening Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/></p>	<p>Please give details e.g. what type of drinks do you have? Do you use a cup or mug?</p>
<p>Do you have any difficulties eating? e.g. nausea, chewing and swallowing or dexterity problems</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Please give details e.g. texture modification, amount of assistance needed</p>
<p>Are you on a therapeutic diet because of a medical problem?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Please give details</p>
<p>Are you taking any food, drink or vitamin supplements? (e.g. Complan, Build Up, Fortisip)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Please give details</p>
<p>Do you drink alcohol, if so how much in a week</p> <p>.....</p> <p>.....</p>	<p>Please give details</p>