

Food Chart

A food chart is designed to record with accuracy a resident's intake over a three-day period. It should be completed in as much detail as possible. Things to include are the size of the bowl, the amount eaten and any additions to the food. It is also helpful to give accurate reasons why food is refused and review the entire chart at the end of the three days.

	Day One	Day Two	Day Three
	Date:	Date:	Date:
Breakfast Time:	Is this meal fortified? With what? Honey, butter, cheese, groundnuts or milk powder?	What size was the bowl? Did you use a teaspoon or tablespoon?	One slice or two? Butter and jam? Sugar, nuts or dried fruit on cereal? Cheese on toast?
Lunch Time:	What kind of sandwich? Did they have a snack? How much was eaten?	Was this refused? Was the resident asleep, feeling unwell or sleepy? Did you offer a homemade milkshake?	Refused the main? What was the alternative? How much was eaten in total?
Dinner Time:	Was there bread with the soup? Did the chef add cream? Was there cheese on top?	Pureed meal? What was it made up of? What was the dessert?	How much did they eat? 2 tablespoons or half a plate? Only the vegetables? Which Vegetables?
Snacks Time:	How many biscuits did they eat? What biscuits were they?	How many sweets? Was there cake or fruit? What type of chocolate bar?	Did the family bring in a treat? What was it? How much was eaten?
Supplements (Homemade or prescribed)			

Actions taken after reviewing this food chart:	<p>Are there any foods which the resident eats more of/seems to prefer? -Provide these foods more often.</p> <p>Are there any times of day when the resident seems to eat better? -Encourage food intake at these times & fortify foods.</p> <p>If the resident needs help with eating, are there any staff members with whom the resident seems to eat better? -Ask this staff member to share their feeding skills with other staff.</p>
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Name		Room		Meal texture	Level 7	Level 5
					Level 6	Level 4
	Day One	Day Two	Day Three			
	Date:	Date:	Date:			
Breakfast Time:						
Lunch Time:						
Dinner Time:						
Snacks Time:						
Supplements (Homemade or prescribed)						
Actions taken after reviewing this chart						