|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Eating and Drinking Problem Chart**  (see instructions on page 6 of Manual for Mealtimes) | | | | | | | | | | | | | | |
| Patient’s Name and DOB:  Problems | Factors to Consider | | | | | | | | | | | | | |
| Alertness | Environment | Sensory | Position | Pain | Mouth care | Helping | Medication | Reflux | Social | Texture | Preferences | Rights | Cognition |
| Holding food in mouth | **✰** | **✰** | **✰** | **✰** | **✰** | **✰** | **✰** |  |  |  | **✰** | **✰** |  | **✰** |
| Refusing food | **✰** | **✰** | **✰** |  | **✰** | **✰** | **✰** | **✰** |  |  | **✰** | **✰** | **✰** | **✰** |
| Eating too fast |  |  | **✰** |  |  |  | **✰** |  |  |  |  |  |  | **✰** |
| Distractible |  | **✰** | **✰** |  | **✰** |  |  |  |  | **✰** |  | **✰** |  |  |
| Taking other people's food |  | **✰** | **✰** | **✰** |  |  |  |  |  | **✰** |  | **✰** | **✰** | **✰** |
| Walking at mealtimes |  | **✰** | **✰** |  |  |  |  |  |  |  |  |  |  | **✰** |
| Spitting out food | **✰** | **✰** | **✰** | **✰** | **✰** | **✰** | **✰** |  |  |  | **✰** | **✰** |  |  |
| Sleepy or passive | **✰** |  | **✰** |  | **✰** |  |  | **✰** |  |  |  |  | **✰** |  |
| Not aware it's a mealtime | **✰** | **✰** | **✰** |  |  |  | **✰** |  |  | **✰** |  | **✰** |  | **✰** |
| Not eating/drinking enough | **✰** | **✰** | **✰** | **✰** | **✰** | **✰** | **✰** | **✰** |  | **✰** | **✰** | **✰** | **✰** | **✰** |
| Eating very slowly | **✰** | **✰** | **✰** |  | **✰** | **✰** | **✰** | **✰** |  |  | **✰** | **✰** | **✰** |  |
| Overfilling mouth | **✰** |  | **✰** |  |  |  | **✰** |  |  |  | **✰** |  | **✰** | **✰** |
| Talking whilst eating |  | **✰** | **✰** |  |  |  | **✰** |  |  | **✰** |  |  | **✰** |  |
| Tongue thrust |  |  |  |  |  |  | **✰** |  |  |  | **✰** |  |  |  |
| Swallowing without chewing | **✰** |  | **✰** |  |  |  | **✰** |  |  |  | **✰** |  |  | **✰** |
| Difficulty with tablets |  |  | **✰** | **✰** |  |  |  |  |  |  |  |  | **✰** |  |
| Food residue in mouth after swallowing | **✰** |  | **✰** | **✰** |  |  | **✰** |  |  |  | **✰** |  |  |  |
| Difficulty getting food or drink to mouth |  |  |  | **✰** |  |  |  |  |  |  |  |  |  | **✰** |
| Drooling |  |  | **✰** | **✰** |  | **✰** |  | **✰** | **✰** |  |  |  |  |  |
| Feeling of a lump in the throat |  |  |  |  |  |  |  |  | **✰** |  |  |  |  |  |
| Coughing at night |  |  |  |  |  |  |  |  | **✰** |  |  |  |  |  |
| Lots of mucus in the morning |  |  |  |  |  |  |  |  | **✰** |  |  |  |  |  |
| Problems with particular foods or liquid | **✰** |  | **✰** | **✰** |  |  | **✰** |  |  |  | **✰** | **✰** | **✰** |  |
| Moderate coughing at meals | **✰** |  |  | **✰** |  | **✰** | **✰** | **✰** | **✰** |  | **✰** | **✰** | **✰** |  |
| Not following advice | **✰** | **✰** | **✰** |  | **✰** | **✰** | **✰** | **✰** |  |  | **✰** | **✰** | **✰** | **✰** |
| **Totals** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date:  Signature:  Print name:  Designation: | Alertness | Environment | Sensory | Position | Pain | Mouth care | Helping | Medication | Reflux | Social | Texture | Preferences | Rights | Cognition |
| Refer to page number | **8** | **10** | **12** | **14** | **16** | **18** | **20** | **22** | **24** | **26** | **28** | **30** | **32** | **34** |