

Eating and Drinking Problem Chart (see instructions on page 6 of Manual for Mealtimes) Factors to Consider Patient's Name and DOB: Environment Preferences care Medication Cognition **Alertness** Helping Sensory Position **Texture** Mouth Reflux Social **Problems** * \Rightarrow 众 * $\stackrel{*}{\alpha}$ * * \Rightarrow Δ 众 Holding food in mouth ☆ ☆ \Rightarrow 众 * ☆ ☆ ☆ ☆ * * Refusing food ☆ ☆ * Eating too fast ☆ 众 ☆ ☆ ☆ Distractible ☆ \Rightarrow 众 众 ☆ Δ Taking other people's food \Rightarrow * ☆ ☆ Walking at mealtimes * 众 Spitting out food * ☆ 众 \Rightarrow \Rightarrow \Rightarrow 众 ☆ ☆ ☆ ☆ ☆ Sleepy or passive * * * ☆ ☆ * * Not aware it's a mealtime \Rightarrow * * ☆ * Δ * \Rightarrow 公 众 * 众 * Not eating/drinking enough ☆ ☆ ☆ ☆ ☆ ☆ ☆ ☆ ☆ ☆ Eating very slowly * ☆ 公 众 * * Overfilling mouth ☆ ☆ * ☆ ☆ Talking whilst eating ☆ ☆ Tongue thrust 众 \Rightarrow ☆ * Δ Swallowing without chewing Difficulty with tablets ☆ \Rightarrow \Rightarrow Food residue in mouth after 公 ☆ ☆ * * swallowing Difficulty getting food or drink 公 公 to mouth ☆ ☆ ☆ ☆ $\stackrel{*}{\alpha}$ Drooling ☆ Feeling of a lump in the throat ☆ Coughing at night 众 Lots of mucus in the morning Problems with particular foods ☆ ☆ ☆ * ☆ * * or liquid 公 ☆ * * * * Moderate coughing at meals * * * ☆ ☆ ☆ ☆ ☆ ☆ ☆ ☆ * * Not following advice **Totals** Date: Signature: Environment Preferences Mouth care Medication **Alertness** Cognition Position Print name: Helping Texture Reflux Social Pain Designation: Refer to page number