

Eating and Drinking Problem Chart

(see instructions on page 6 of Manual for Mealtimes)

Patient's Name and DOB:	Factors to Consider													
	Alertness	Environment	Sensory	Position	Pain	Mouth care	Helping	Medication	Reflux	Social	Texture	Preferences	Rights	Cognition
Problems														
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:														
Refer to page number	8	10	12	14	16	18	20	22	24	26	28	30	32	34