INDIVIDUAL MEAL OBSERVATION DOCUMENTATION

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF OBSERVATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RESIDENCE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TIME OF OBSERVATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOOD/LIQUID CONSISTENCY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HABILITATIVE EQUIPMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| OBSERVATIONS | YES | NO | COMMENTS |
| 1. Correct food and liquid consistency was served and remains appropriate?
 |  |  | Menu: |
| 1. Food and liquid consistency listed on grid matches the Doctors. Orders?
 |  |  |  |
| 1. Habilitative Equipment was used, remains appropriate and reflects the information listed on the grid?
 |  |  |  |
| 1. Proper use of habilitative equipment (i.e., portions of food served, positioning of equipment, etc.)?
 |  |  |  |
| 1. Positioning: (individuals in wheelchairs, ambulatory individuals, staff to individuals).
 |  |  |  |
| 1. Feeding program/procedures were carried out and remain appropriate?
 |  |  |  |
| Staff concerns: |
| Other comments/concerns/recommendations:Signature of Observer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |