DIETARY INTERVIEW / PRE-SCREEN

Beverage Preference: Please check resident's beverage choices:

	Coffee	Decaf Coffee	Tea	Iced Tea	Milk 2%	Skim Milk	Other
Breakfast							
Lunch							
Dinner							

Special Preferences: Obtain special preferences for each meal per choices at home:

Breakfast	Lunch	Dinner
Cereal: Hot / Cold		
Eggs:		
Juice:		
Other:		

Snack Preferences per choices at home:

When did you snack at home?

☐ Midmorning ☐ Mid afternoon ☐ Before bedtime ☐ Other

What are your snack preferences:

☐ Sandwich_____ ☐ Cookies _____ ☐ Milk, 2%, whole, skim
☐ Juice _____ ☐ Fruit _____ ☐ Other _____
☐ Cold cereal_____ ☐ Other _____ ☐ Other _____

Fortified Food Preferences:

If you should need extra calories and/or protein in your diet, what fortified foods do you prefer? (Only mention the ones you have available)

☐ Hot cereal ☐ Cream soup ☐ Pudding ☐ Hot chocolate
☐ Scrambled eggs ☐ Mashed potatoes ☐ Cookies ☐ Milkshake
☐ Other: _____ ☐ Gravy ☐ Cake ☐ Orange Julius
_____ ☐ Muffin ☐ Brownies ☐ Custard

Circle LIKES:

BREAKFAST	MEATS	MISC.	VEGETABLES	FRUIT & JUICE
Eggs:	Beef liver	Casseroles	Beets	Applesauce
Poached	Beef, ground	Cottage Cheese Fruit Plate	Broccoli	Bananas
Scrambled	Beef, roast	Custard	Cabbage	Blueberries
Fried	Beef, steak	Gelatin	Carrots	Cantaloupe
French toast	Chicken	Gravies	Cauliflower	Fruit Cocktail
Pancakes	Chicken liver	Macaroni and cheese	Corn	Grapefruit
Bacon	Fish	Peanut butter	Green beans	Oranges
Sausage	Ham	Pudding	Kale	Peaches
Hot cereal	Hot dogs	Salads	Lettuce	Pears
Cold cereal	Lamb	Sandwiches	Lima beans	Pineapple
_____	Lunch meat	Sherbet	Peas	Plums
_____	Pork, chop	Soups	Spinach / greens	Prunes
_____	Pork, roast	Spicy Foods	Squash	Strawberries
_____	Short ribs	_____	Tomatoes	Watermelon
_____	Tuna	_____	Wax beans	Juice – Apple
BREAD/STARCHES	Turkey	**DAIRY**	Zucchini	Juice – Cranberry
Wheat bread	Veal	All Dairy Products	_____	Juice – Orange
White bread	_____	Cheeses	_____	Juice – Prune
Legumes	_____	Cottage cheese	_____	_____
Pasta	_____	Ice cream	_____	_____
Potatoes	_____	Milk	_____	_____
Rice	_____	_____	_____	_____

Resident:	**Resident ID#:**

DIETARY INTERVIEW / PRE-SCREEN CONTINUED

Food DISLIKES: Write in food dislikes:

Breakfast	Lunch	Dinner
Beverages:	Salads:	Salads:
Juices:	Soups:	Soups:
Cereal:	Meats:	Meats:
Eggs:	Casseroles:	Casseroles:
Breakfast Meats:	Sandwiches:	Sandwiches:
Other:	Starches:	Starches:
	Vegetables:	Vegetables:
	Fruits:	Fruits:
	Dairy:	Dairy:
	Desserts:	Desserts:
	Other:	Other:

What to Eat:

Diet Order: _____ Consistency Order: _____

Supplement/Fortified Food Order: _____

Allergies to food: _____ Food Intolerances: _____

Cultural / Ethnic / Religious Food Preferences: _____

_____ Interpreter Needed: ☐ Yes ☐ No

Resident notified of diet order and that use of condiment checked is not recommended: ☐ Salt ☐ Salt Substitute ☐ N/A ☐ Pepper ☐ Sugar

Resident is aware that alternate meals are available upon request as noted on menu and that meal replacements are also available: ☐ Yes ☐ No

Where to Eat:

Resident's Dining choice: ☐ Dining Room(s) ☐ Room ☐ Other: _____ (Discuss Options)

With Whom to Eat:

☐ Tablemates choices

When to Eat:

Resident's Preference on Meal Times: ☐ Breakfast: _____ ☐ Lunch: _____ ☐ Dinner _____ (Discuss Options)

How Much to Eat:

Portion Preferences: ☐ Small Portions ☐ Regular Portions ☐ Large Portions ☐ Other: _____

Diet / Consistency / Fortified Food / Supplement order:

Resident is in agreement with the Diet/Consistency and Supplement/Fortified Food order: ☐ Yes ☐ No

If No:

(a) What is desired diet? _____

(b) Benefits of diet discussed as follows: _____

(c) Risks of not following diet discussed as follows: _____

(d) Proceed to Informed Refusal Treatment process: ☐ Yes ☐ No

Resident's Clinical Needs:

Resident has:
TF / TPN: ☐ Yes ☐ No

Swallowing Problem: ☐ Yes ☐ No
Pressure Ulcer(s): ☐ Yes ☐ No
UWR: ☐ Yes ☐ No

Chewing Problems: ☐ Yes ☐ No ☐ Dentures ☐ Own Teeth ☐ Edentulous
Dx of Dehydration / Hypovolemia / Malnutrition: ☐ Yes ☐ No
Significant Unplanned Wt Loss / Gain: _____ ☐ Yes ☐ No

Signature: _____ Date: _____

Resident: **Resident ID#:**