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#:**

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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#:**

Form 101 - (09/2011)

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