

Food Chart

Name: _____ D.O.B: ___/___/___ Date: ___/___/___

Feeding

- Independently
- Needs Assistance
- Fully Dependant on Carer

Consistency


- Normal
- Soft
- Puree

Portion Size

- Small
- Medium
- Large

Must Score _____

Fortified Diet: YES/ NO

Time	Food	Amount Eaten						Description of food eaten	Signed
		Nil	1/4	1/2	3/4	All	2,3 etc		
Breakfast 	Toast								
	Cereal /Porridge								
	Fruit/Juice								
	Drinks								
	Other								
Morning Snack 	E.g Cake/Biscuit								
	Drink								
	Fruit								
	Other								
Lunch 	Soup								
	Meat/Fish/chicken								
	Rice/Pasta/potato								
	Vegetables								
	Drinks								
	Pudding								
	Other								
Afternoon Snack 	E.g Cake/Biscuit								
	Drink								
	Fruit								
	Other								
Evening Meal 	Soup								
	Meat/Fish/chicken								
	Rice/Pasta/potato								
	Vegetables								
	Drinks								
	Pudding								
	Other								
Evening Snack 	E.g Cake/Biscuit								
	Drink								
	Fruit								
	Other								



Tip: Encourage service users to monitor their own intake!