

MY MEAL INTAKE








Patient Name: _____






Room #: _____ Date: _____

This form helps us understand how you are eating. Please complete this form after you have finished **this meal**. If you need help, let us know.

1. List all drinks on your tray; this includes juice, tea/coffee, milk, drink supplements, etc.
2. Place an 'X' in the circle to indicate how much you consumed of each beverage
3. For the food on your tray, place an 'X' in the circle to indicate how much you ate overall; this includes the main dish, side dishes, soup, bread, dessert
4. List any food or beverages you are saving to eat at a later time
5. **Turn the page over** and answer the remaining questions

What meal is this? Breakfast Lunch Supper

What and how much did you drink?	 0% I drank none	 25%	 50%	 75%	 100% I drank all
Example: <i>Milk</i>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much of all the food on your tray did you eat?	 0% I ate none	 25%	 50%	 75%	 100% I ate all
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please list any items (food or beverages) being saved for later: _____

Please turn over 



Canadian Nutrition Society
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Canadian Malnutrition Task Force™ | Le Groupe de travail canadien sur la malnutrition™

Advancing Nutrition Care In Canada / Am liorer les soins nutritionnels au Canada

