

<p>SERVICE USER</p> <p>Surname: _____ First Name(s): _____ Title: _____</p> <p>Wishes to be known as: _____ Service User Ref. No: _____</p>
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	EATING & DRINKING:		Observation / Need
3	3.1 PHYSIOLOGICAL:	✓	
	Mouth problems		
	Constipation		
	Infections		
	Depressed / frightened / tired		
	Medication depressing appetite		
	Pain depressing appetite		
	Problems sudden or gradual?		
	3.2 DIFFICULTIES IN EATING OR DRINKING:		
	Takes a long time to finish a meal		
	Lack of oral control (food dribbles etc)		
	Stores food in the mouth		
	Coughing / spluttering during or after meal		
	3.3 ENVIRONMENT:		
	Noisy		
	Crowded / lack of privacy		
	Comfortable sitting position		
	Right amount of physical support		
	Reliance upon special cutlery / crockery		
	3.4 FOOD QUALITY & QUANTITY:		
	Portions too large or too small		
	Food looks / smells appetising		
	Food consistency (puree, cut up small etc)		

Signature: _____	Date: _____
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