

Mealtime preferences profile

This patient profile can be completed during intake to learn more about a patient's mealtime preferences and help them make balanced food choices. This tool was provided by Beth Scholer, CEO of Caregivers Kitchen, based in Muncie, Ind. CMS is focused on patient nutrition and well-being as it looks toward future quality measures.

Client's name completed by: _____

☐ Client

☐ Client's family

Assisted by staff member _____

☐ Date _____

General Information

1. Ethnic/religious/cultural foods preferences _____
2. Current diet recommendations: ☐ Diabetic ☐ Lower sodium ☐ Heart healthy ☐ Restricted fluids
☐ Modified textures ☐ Gluten-free ☐ Food allergies
Explain: _____
3. What do you need help with when eating? ☐ None ☐ Cutting food ☐ Opening packages ☐ Steadying hands
Gripping utensils ☐ Other Explain: _____
4. Are you concerned about choking? ☐ Yes ☐ No
5. Do you wear dentures? ☐ Yes ☐ No
6. Do you use special silverware, plates or cups? ☐ Yes ☐ No Explain: _____
7. What size of portions do you prefer? ☐ Small ☐ Average ☐ Large
8. Are you willing to try new foods or recipes? ☐ Yes ☐ No

Dining Preferences

9. Dining style preferred ☐ Plated (*food placed on plate*) ☐ Family style (*food passed at table*)
10. Where do you like to eat meals? ☐ Kitchen ☐ Dining room ☐ TV/Living room ☐ Other _____
11. Are disposable dishes/cups/silverware acceptable? ☐ Yes ☐ No

Breakfast

12. Do you usually eat breakfast? ☐ Yes ☐ No If yes, what time _____
13. Preferred breakfast foods: _____ What do you like to drink? _____

Lunch

14. Do you usually eat lunch? ☐ Yes ☐ No If yes, what time _____
15. Preferred lunch foods: _____ What do you like to drink? _____

Dinner/Supper

16. Do you usually eat dinner? ☐ Yes ☐ No If yes, what time? _____
17. Preferred dinner foods? _____ What do you like to drink? _____

Snacks

18. Do you usually eat snacks? ☐ Yes ☐ No If yes, what time? _____
19. What are your favorite snacks? _____

Food preferences

CHECK the foods you enjoy, ~~CROSS-OUT~~ the foods you do not care for or should not eat. WRITE IN food not on the list.

VEGETABLES	FRUIT	GRAINS (cont.)	PROTEIN	SNACKS/DESSERT
<input type="checkbox"/> asparagus	<input type="checkbox"/> apples	<input type="checkbox"/> donuts/pastries	<input type="checkbox"/> beans (black, kidney, pinto, refried)	<input type="checkbox"/> cake
<input type="checkbox"/> avocado	<input type="checkbox"/> applesauce	<input type="checkbox"/> French toast	<input type="checkbox"/> beef/hamburger	<input type="checkbox"/> candy
<input type="checkbox"/> bell pepper	<input type="checkbox"/> bananas	<input type="checkbox"/> grits	<input type="checkbox"/> casseroles	<input type="checkbox"/> chocolates
<input type="checkbox"/> broccoli	<input type="checkbox"/> blueberries	<input type="checkbox"/> hot cereals	<input type="checkbox"/> cheese	<input type="checkbox"/> cookies
<input type="checkbox"/> brussel spouts	<input type="checkbox"/> cherries	<input type="checkbox"/> oatmeal	<input type="checkbox"/> chicken	<input type="checkbox"/> dried fruit
<input type="checkbox"/> cabbage	<input type="checkbox"/> fruit cocktail	<input type="checkbox"/> pancakes	<input type="checkbox"/> cottage cheese	<input type="checkbox"/> fresh fruit/veggies
<input type="checkbox"/> carrots	<input type="checkbox"/> grapes	<input type="checkbox"/> pasta/noodles	<input type="checkbox"/> eggs	<input type="checkbox"/> gelatin
<input type="checkbox"/> cauliflower	<input type="checkbox"/> mandarin oranges	<input type="checkbox"/> rice/brown rice	<input type="checkbox"/> fish	<input type="checkbox"/> ice cream
<input type="checkbox"/> corn	<input type="checkbox"/> melon	<input type="checkbox"/> wheat bread	<input type="checkbox"/> frozen meals	<input type="checkbox"/> nuts
<input type="checkbox"/> cucumbers	<input type="checkbox"/> oranges	<input type="checkbox"/> white bread	<input type="checkbox"/> ham	<input type="checkbox"/> popcorn
<input type="checkbox"/> green beans	<input type="checkbox"/> peaches	<input type="checkbox"/>	<input type="checkbox"/> lunch meat	<input type="checkbox"/> potato chips
<input type="checkbox"/> greens (collards)	<input type="checkbox"/> pears	<input type="checkbox"/>	<input type="checkbox"/> nuts	<input type="checkbox"/> pretzels
<input type="checkbox"/> lettuce/salad	<input type="checkbox"/> pineapple	<input type="checkbox"/>	<input type="checkbox"/> peanut butter	<input type="checkbox"/> smoothies
<input type="checkbox"/> mixed vegetables	<input type="checkbox"/> plums/prunes	BEVERAGES	<input type="checkbox"/> pork	<input type="checkbox"/> snack mix
<input type="checkbox"/> mushrooms	<input type="checkbox"/> raisins	<input type="checkbox"/> coffee (reg/decaf)	<input type="checkbox"/> sausage/bacon	<input type="checkbox"/>
<input type="checkbox"/> onions	<input type="checkbox"/> raspberries	<input type="checkbox"/> fruit/veg. juice	<input type="checkbox"/> seafood/shellfish	<input type="checkbox"/>
<input type="checkbox"/> peas	<input type="checkbox"/> strawberries	<input type="checkbox"/> juice drinks	<input type="checkbox"/> soups/stews	<input type="checkbox"/>
<input type="checkbox"/> potatoes	<input type="checkbox"/> watermelon	<input type="checkbox"/> lactose-free milk	<input type="checkbox"/> tofu	<input type="checkbox"/>
<input type="checkbox"/> spinach/kale	<input type="checkbox"/>	<input type="checkbox"/> milk	<input type="checkbox"/> turkey	<input type="checkbox"/>
<input type="checkbox"/> sweet potatoes	<input type="checkbox"/>	<input type="checkbox"/> milk alternatives (almond, rice, soy)	<input type="checkbox"/> vegetable proteins	<input type="checkbox"/>
<input type="checkbox"/> tomatoes	<input type="checkbox"/>	<input type="checkbox"/> soda (reg/diet)	<input type="checkbox"/> wraps	<input type="checkbox"/>
<input type="checkbox"/> zucchini	GRAINS	<input type="checkbox"/> tea (iced/hot)	<input type="checkbox"/> yogurt	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> biscuits	<input type="checkbox"/> water	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> cold cereals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> corn bread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> crackers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special considerations or additional information: