

## Restorative Dining Evaluation

Resident \_\_\_\_\_ Date \_\_\_\_\_

### Ability to Participate in Program

	Adequate	Mild impairment	Severe impairment
Cognitive			
Communication			
Sensory			
Range of Motion			
Dexterity			
Motivation			
Strength			

Therapy / Dietician consults dates/recommendations / Diet \_\_\_\_\_

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Diet \_\_\_\_\_ Weight \_\_\_\_\_

Average intake:

	Food	Fluids
Breakfast		
Lunch		
Dinner		

Adaptive equipment presently used: \_\_\_\_\_

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Location where resident takes each meal:

	Dining Room	Resident Room	Other
Breakfast			
Lunch			
Dinner			

## Restorative Dining Evaluation

Task	Ability	Assistance required
Hold utensil		
Get food on utensil		
Pick up food with fingers		
Get food to mouth		
Reach items on tray/table		
Hold glass		
Open containers		
Eat without spilling		
Drink without spilling		
Cut meat		
Spread butter/jam on bread		
Season food		
Appropriate size of bites		
Maintain attention on meal to finish		
Use fork		
Chew food completely		
Swallow food		
Use napkin		
Finish food in reasonable time		
Remember mealtimes		
Identify foods on tray/table		

**Notes:** \_\_\_\_\_

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Evaluation completed by \_\_\_\_\_ Date \_\_\_\_\_