

Name: _____

Observer: _____

DINING CHECKLIST

| | Clients Who Are Fed | Clients Who Fed Themselves |
|--|---------------------|----------------------------|
| 1. Does not mix food (dessert not mixed with vegetables) | | |
| 2. Presents food at midline (front of client); allows client to remove food with lips around spoon. | | |
| 3. Does not scrape food off spoon onto top teeth. | | |
| 4. Allows client to swallow before giving more food prompts for thorough chewing before swallowing. | | |
| 5. Positions client correctly for feeding. Provides support as needed to maintain good position (supports head, feet; uses head control position needed) | | |
| 6. Uses adaptive equipment as specified (spoon, fork, scoop dish, plastic coated spoon, etc.). | | |
| 7. Gives "regular" bites, not heaping spoonfuls. (Gives prompts to take smaller bites, discourages stuffing mouth.) | | |
| 8. Talks to client in calm manner; focuses attention on client | | |
| 9. Clients given food choice/alternative if refuse to eat. | | |
| 10. Condiments used. | | |
| 11. Encourage clients to eat at a slow, relax manner. Appropriate amount of time. | | |
| 12. Staff in proper position. | | |
| 13. Prompts/assists in appropriate utensil/bringing utensil to mouth if necessary. | | |
| 14. Assists client in filling utensil/bringing utensil to mouth if necessary. | | |
| 15. Cue cards followed. | | |
| 16. Diet followed. | | |