# DIETARY INTERVIEW/ PRE-SCREEN

## Beverage Preference: Please check resident's beverage choices:

<table>
<thead>
<tr>
<th></th>
<th>Coffee</th>
<th>Decaf Coffee</th>
<th>Tea</th>
<th>Iced Tea</th>
<th>Milk 2%</th>
<th>Skim Milk</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lunch</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dinner</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Special Preferences: Obtain special preferences for each meal per choices at home:

<table>
<thead>
<tr>
<th></th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cereal: Hot / Cold</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eggs:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Juice:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Snack Preferences per choices at home:

**When did you snack at home?**

- [ ] Morning
- [ ] Afternoon
- [ ] Before bedtime
- [ ] Other

**What are your snack preferences?**

- [ ] Sandwich
- [ ] Cookies
- [ ] Milk, 2%, whole, skim
- [ ] Juice
- [ ] Fruit
- [ ] Other
- [ ] Cold cereal
- [ ] Gravy
- [ ] Other
- [ ] Muffin
- [ ] Brownies
- [ ] Other

## Fortified Food Preferences:

If you should need extra calories and/or protein in your diet, what fortified foods do you prefer? (Only mention the ones you have available)

- [ ] Hot cereal
- [ ] Cream soup
- [ ] Pudding
- [ ] Hot chocolate
- [ ] Scrambled eggs
- [ ] Mashed potatoes
- [ ] Cookies
- [ ] Milkshake
- [ ] Other eggs
- [ ] Gravy
- [ ] Cake
- [ ] Orange Jellies
- [ ] Other

### Circle LIKES:

#### BREAKFAST

- Eggs:  
  - Poached  
  - Scrambled  
  - Fried  
  - French toast  
  - Pancakes  
  - Bacon  
  - Sausage  
  - Hot cereal  
  - Cold cereal

#### MEATS

- Beef liver  
- Beef, ground  
- Beef, roast  
- Beef, steak  
- Chicken  
- Chicken liver  
- Fish  
- Ham  
- Hot dogs  
- Lamb  
- Lunch meat  
- Pork, chops  
- Pork, roast  
- Short ribs  
- Tuna  
- Turkey  
- Veal

#### MISC.

- Casseroles  
- Cottage Cheese Fruit Plate  
- Custard  
- Gelatin  
- Gravies  
- Macaroni and cheese  
- Peanut butter  
- Sherbet  
- Soups  
- Spicy Foods

#### VEGETABLES

- Beets  
- Broccoli  
- Cabbage  
- Carrots  
- Cauliflower  
- Corn  
- Green beans  
- Kale  
- Lettuce  
- Lima beans  
- Peas  
- Spinach / greens  
- Squash  
- Tomatoes  
- Wax beans  
- Zucchini

#### FRUIT & JUICE

- Applesauce  
- Bananas  
- Blueberries  
- Cantaloupe  
- Fruit Cocktail  
- Grapefruit  
- Oranges  
- Peaches  
- Pears  
- Pineapple  
- Plums  
- Prunes  
- Strawberries  
- Watermelon  
- Juice – Apple  
- Juice – Cranberry  
- Juice – Orange  
- Juice – Prune

### Resident Information:

- Resident:  
- Resident ID#:  

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**DIETARY INTERVIEW / PRE-SCREEN CONTINUED**

### Food DISLIKES: Write in food dislikes:

<table>
<thead>
<tr>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beverages:</td>
<td>Salads:</td>
<td>Salads:</td>
</tr>
<tr>
<td>Juices:</td>
<td>Soups:</td>
<td>Soups:</td>
</tr>
<tr>
<td>Cereal:</td>
<td>Meats:</td>
<td>Meats:</td>
</tr>
<tr>
<td>Eggs:</td>
<td>Casseroles:</td>
<td>Casseroles:</td>
</tr>
<tr>
<td>Breakfast Meats:</td>
<td>Sandwiches:</td>
<td>Sandwiches:</td>
</tr>
<tr>
<td>Other:</td>
<td>Starches:</td>
<td>Starches:</td>
</tr>
<tr>
<td></td>
<td>Vegetables:</td>
<td>Vegetables:</td>
</tr>
<tr>
<td></td>
<td>Fruits:</td>
<td>Fruits:</td>
</tr>
<tr>
<td></td>
<td>Dairy:</td>
<td>Dairy:</td>
</tr>
<tr>
<td></td>
<td>Desserts:</td>
<td>Desserts:</td>
</tr>
<tr>
<td></td>
<td>Other:</td>
<td>Other:</td>
</tr>
</tbody>
</table>

### What to Eat:

- Diet Order: ____________________________ Consistency Order: ____________________________
- Supplement/Fortified Food Order: ____________________________
- Allergies to food: ____________________________ Food Intolerances: ____________________________
- Cultural / Ethnic / Religious Food Preferences: ____________________________
- Interpreter Needed: □ Yes □ No

- Resident notified of diet order and that use of condiment checked is not recommended: □ Salt □ Salt Substitute □ N/A
- □ Pepper □ Sugar
- Resident is aware that alternate meals are available upon request as noted on menu and that meal replacements are also available: □ Yes □ No

### Where to Eat:

- Resident’s Dining choice: □ Dining Room(s) □ Room: ____________________________ (Discuss Options)
- □ Tablemates choices

### With Whom to Eat:

### When to Eat:

- Resident’s Preference on Meal Times: □ Breakfast: _________ □ Lunch: _________ □ Dinner _________ (Discuss Options)

### How Much to Eat:

- Portion Preferences: □ Small Portions □ Regular Portions □ Large Portions □ Other:

### Diet / Consistency / Fortified Food / Supplement order:

- Resident is in agreement with the Diet/Consistency and Supplement/Fortified Food order: □ Yes □ No

If No:

- (a) What is desired diet? ________________________________________________________________
- (b) Benefits of diet discussed as follows: __________________________________________________
- (c) Risks of not following diet discussed as follows: _______________________________________
- (d) Proceed to Informed Refusal Treatment process: □ Yes □ No

### Resident’s Clinical Needs:

- Resident has: Swallowing Problem: □ Yes □ No Chewing Problems: □ Yes □ No Dentures: □ Own Teeth □ Edentulous
- Pressure Ulcer(s): □ Yes □ No Dx of Dehydration / Hypovolemia / Malnutrition: □ Yes □ No
- UWR: □ Yes □ No Significant Unplanned Wt Loss / Gain: ____________________________ □ Yes □ No

### Signature:

- Resident: ____________________________ Resident ID#: ____________________________


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