

Step 1 Assessment: Mealtime Observational Protocol

Staff Observer Name: _____

Date ___ / ___ / ___	MEAL: (circle) Breakfast	Lunch	Dinner	Time: ___ : ___ am pm		
RESIDENT NAME	Total % Eaten (food + fluids)	Type of Assistance	Total Assist Time (minutes)	IF a Supplement is Given, Record Specific Type Amount Consumed		
1)						oz
2)						oz
3)						oz
4)						oz
5)						oz

Comments:

1) _____

2) _____

3) _____

4) _____

5) _____

1) Name:		2) Name:		3) Name:		4) Name:		5) Name:	
Food/Fluid Item	%	Food/Fluid Item	%	Food/Fluid Item	%	Food/Fluid Item	%	Food/Fluid Item	%
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

Codes for Type of Assist
 None = N (no assistance provided) Physical = P (e.g., aide feeds resident) Physical Guidance. = PG (e.g., aide guides resident to feed self) Nonverbal = NV (mimic gestures to eat)
 Verbal = V (e.g., "Pick up your spoon & take a bite"; "Swallow") Social Stimulation / Encouragement = SS / E (e.g., "How are you today?"; "How are you feeling?"; "You're eating well today.")

Guidelines for Estimating Total Assistance Time:
 We recommend either of two methods for estimating total assistance time. Choose the one that works best with your staff.

1. Use a stop watch to time each episode of feeding assistance. Done diligently, this method is accurate, but can be cumbersome.
2. If feeding assistance is provided sporadically, as it often is, use a tally mark to denote each episode of feeding assistance and assign a reasonable standard amount of time to each tally mark (e.g., 10 or 15 seconds). At the end of the meal, add the tally marks and multiply by the unit of time assigned to each mark to estimate the total assistance time.