

### Step 1 Assessment: Between Meal Snack and Oral Supplement Consumption

DATE \_\_\_ / \_\_\_ / \_\_\_      SNACK TIME: \_\_\_ Morning    \_\_\_ Afternoon    \_\_\_ Evening      ACTIVITY: \_\_\_\_\_

| RESIDENT NAME | Food Items Given | TOTAL % Eaten | Fluid Items Given | Amount Consumed | Type of ASSIST | Total Assist Time (min) | SUPPLEMENT? |              |
|---------------|------------------|---------------|-------------------|-----------------|----------------|-------------------------|-------------|--------------|
|               |                  |               |                   |                 |                |                         | Y/N         | oz. consumed |
| 1             |                  |               |                   | OZ              |                |                         |             | OZ           |
| 2             |                  |               |                   | OZ              |                |                         |             | OZ           |
| 3             |                  |               |                   | OZ              |                |                         |             | OZ           |
| 4             |                  |               |                   | OZ              |                |                         |             | OZ           |
| 5             |                  |               |                   | OZ              |                |                         |             | OZ           |
| 6             |                  |               |                   | OZ              |                |                         |             | OZ           |
| 7             |                  |               |                   | OZ              |                |                         |             | OZ           |
| 8             |                  |               |                   | OZ              |                |                         |             | OZ           |
| 9             |                  |               |                   | OZ              |                |                         |             | OZ           |
| 10            |                  |               |                   | OZ              |                |                         |             | OZ           |

| Comments:  |
|--|
| 1  |
| 2  |
| 3  |
| 4  |
| 5  |
| 6  |
| 7  |
| 8  |
| 9  |
| 10   |
| Codes for Type of Assist<br>None = N (no assistance provided)    physical = P (e.g., aide feeds resident)    phys. guid = PG (e.g., aide guides resident to feed self)<br>Verbal = V (e.g., "Pick up your spoon & take a bite"; "Swallow")    social stimulation = SS (e.g., "How are you today?"; "How are you feeling?") |