

Feeding Assistance Course: Resident Data Form

Please collect and report the following information for each resident who was assessed during the course of this project. This information will help us evaluate the project. Please fax, email, or send this form to project manager Annie Rahman (fax: 513-529-1476; Miami University, Dept. of Sociology & Gerontology, Upham Hall Room 396, Oxford, OH 45056-1879). If you have any questions, please contact her at rahmananna@yahoo.com or (513) 258-4421.

Your facility's name _____

Oral Food and Fluid Intake

1a. Did resident have low intake based on observations of at least 3-6 meals?

Yes: Go on to question 1b.

No: Skip to question 2.

Don't know or unable to complete observations: Skip to question 2.

1b. If yes, did resident:

(a) Leave 25% or more uneaten at most meals (MDS criterion for low intake)? Yes No

(b) Leave 50% or more uneaten at most meals (high risk for weight loss)? Yes No

2. Was resident already receiving staff assistance to eat during meals based on observations? Yes No

Mealtime Assistance Evaluation

3a. Did this resident receive a 3-6 meal trial of graduated feeding assistance during meals?

Yes: Go on to question 3b.

No: Skip to question 5a.

Don't know or unable to complete trial: Skip to question 5.

3b. If yes, was the resident responsive (intake increased by 15% or more) to assistance during meals?

Yes

No

Don't know

4. Is the resident continuing to receive feeding assistance during meals?

Yes

No

Don't know

Between-Meal Snack Evaluation

5a. Did this resident receive a 3-6 snack trial of between-meal snack offers?

Yes: Go on to question 5b.

No: You have now completed this form.

Don't know or unable to complete trial: You have now completed this form.

5b. If yes, was the resident responsive to snack offers between meals (accepted 2 of 3 offers)?

Yes

No

Don't know

6. Is the resident continuing to receive snacks between meals?

Yes

No

Don't know

Thank you for your assistance!