

Leicestershire Nutrition and Dietetic Services

NUTRITION SCREENING TOOL FOOD CHART



Side 2

NAME..... NHS number WARD.....
Please Record (a) Type of food e.g. Cottage Pie (b) Circle amount of food eaten, for meals / snacks / supplements

DATE:						DATE:					
BREAKFAST						BREAKFAST					
Cereal	0	1/4	1/2	3/4	All	Cereal	0	1/4	1/2	3/4	All
Toast / bread (no of slices)	0	1/4	1/2	3/4	All	Toast / bread (no of slices)	0	1/4	1/2	3/4	All
Marg () Preserves () tick if yes						Marg () Preserves () tick if yes					
Other	0	1/4	1/2	3/4	All	Other	0	1/4	1/2	3/4	All
Drink	0	1/4	1/2	3/4	All	Drink	0	1/4	1/2	3/4	All
SNACK	0	1/4	1/2	3/4	All	SNACK	0	1/4	1/2	3/4	All
Drink	0	1/4	1/2	3/4	All	Drink	0	1/4	1/2	3/4	All
LUNCH						LUNCH					
teaplate size portion YES / NO						teaplate size portion YES / NO					
Main course	0	1/4	1/2	3/4	All	Main course	0	1/4	1/2	3/4	All
Potato / rice	0	1/4	1/2	3/4	All	Potato / rice	0	1/4	1/2	3/4	All
Vegetable	0	1/4	1/2	3/4	All	Vegetable	0	1/4	1/2	3/4	All
Dessert / fruit	0	1/4	1/2	3/4	All	Dessert / fruit	0	1/4	1/2	3/4	All
Other	0	1/4	1/2	3/4	All	Other	0	1/4	1/2	3/4	All
Drink	0	1/4	1/2	3/4	All	Drink	0	1/4	1/2	3/4	All
SNACK	0	1/4	1/2	3/4	All	SNACK	0	1/4	1/2	3/4	All
Drink	0	1/4	1/2	3/4	All	Drink	0	1/4	1/2	3/4	All
EVENING MEAL						EVENING MEAL					
teaplate size portion YES / NO						teaplate size portion YES / NO					
Sandwich	0	1/4	1/2	3/4	All	Sandwich	0	1/4	1/2	3/4	All
Main course	0	1/4	1/2	3/4	All	Main course	0	1/4	1/2	3/4	All
Vegetable	0	1/4	1/2	3/4	All	Vegetable	0	1/4	1/2	3/4	All
Potato / rice	0	1/4	1/2	3/4	All	Potato / rice	0	1/4	1/2	3/4	All
Dessert / fruit	0	1/4	1/2	3/4	All	Dessert / fruit	0	1/4	1/2	3/4	All
Other	0	1/4	1/2	3/4	All	Other	0	1/4	1/2	3/4	All
Drink	0	1/4	1/2	3/4	All	Drink	0	1/4	1/2	3/4	All
SNACK	0	1/4	1/2	3/4	All	SNACK	0	1/4	1/2	3/4	All

EVALUATION

Action taken following evaluation of 4 days intake :

Qualified nurse signature.....

☐ Eating well and no weight loss – discontinue

☐ Poor intake, refer to screening tool action plan

☐ Continue to monitor

Leicestershire Nutrition and Dietetic Services

NUTRITION SCREENING TOOL FOOD CHART



Side 1

NAME..... NHS number WARD.....
Please Record (a) Type of food e.g. Cottage Pie (b) Circle amount of food eaten, for meals / snacks / supplements

DATE:						DATE:					
BREAKFAST						BREAKFAST					
Cereal	0	1/4	1/2	3/4	All	Cereal	0	1/4	1/2	3/4	All
Toast / bread (no of slices)	0	1/4	1/2	3/4	All	Toast / bread (no of slices)	0	1/4	1/2	3/4	All
Marg () Preserves () tick if yes						Marg () Preserves () tick if yes					
Other	0	1/4	1/2	3/4	All	Other	0	1/4	1/2	3/4	All
Drink	0	1/4	1/2	3/4	All	Drink	0	1/4	1/2	3/4	All
SNACK	0	1/4	1/2	3/4	All	SNACK	0	1/4	1/2	3/4	All
Drink	0	1/4	1/2	3/4	All	Drink	0	1/4	1/2	3/4	All
LUNCH						LUNCH					
	teaplate	size	portion	YES / NO			teaplate	size	portion	YES / NO	
Main course	0	1/4	1/2	3/4	All	Main course	0	1/4	1/2	3/4	All
Potato / rice	0	1/4	1/2	3/4	All	Potato / rice	0	1/4	1/2	3/4	All
Vegetable	0	1/4	1/2	3/4	All	Vegetable	0	1/4	1/2	3/4	All
Dessert / fruit	0	1/4	1/2	3/4	All	Dessert / fruit	0	1/4	1/2	3/4	All
Other	0	1/4	1/2	3/4	All	Other	0	1/4	1/2	3/4	All
Drink	0	1/4	1/2	3/4	All	Drink	0	1/4	1/2	3/4	All
SNACK	0	1/4	1/2	3/4	All	SNACK	0	1/4	1/2	3/4	All
Drink	0	1/4	1/2	3/4	All	Drink	0	1/4	1/2	3/4	All
EVENING MEAL						EVENING MEAL					
	teaplate	size	portion	YES / NO			teaplate	size	portion	YES / NO	
Sandwich	0	1/4	1/2	3/4	All	Sandwich	0	1/4	1/2	3/4	All
Main course	0	1/4	1/2	3/4	All	Main course	0	1/4	1/2	3/4	All
Vegetable	0	1/4	1/2	3/4	All	Vegetable	0	1/4	1/2	3/4	All
Potato / rice	0	1/4	1/2	3/4	All	Potato / rice	0	1/4	1/2	3/4	All
Dessert / fruit	0	1/4	1/2	3/4	All	Dessert / fruit	0	1/4	1/2	3/4	All
Other	0	1/4	1/2	3/4	All	Other	0	1/4	1/2	3/4	All
Drink	0	1/4	1/2	3/4	All	Drink	0	1/4	1/2	3/4	All
SNACK	0	1/4	1/2	3/4	All	SNACK	0	1/4	1/2	3/4	All

Continued overleaf.....