**Food Swallowing Diary**

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| **Time of Day** | **Posture and location of resident** *(dining room etc)* | **How was the resident?** *(tired, well etc)* | **Details of the food** *(IDDSI diet, amount taken e.g. ½, ¼, all )* | **Description of difficulties** *(e.g. coughing, throat clearing, wet voice, vomiting, refusal of food, spitting out lumps etc)* | **Signed** *(name, date, designation)* |
| Breakfast |  |  |   |  |  |
| Lunch |  |  |  |  |  |
| Evening meal |  |  |  |  |  |
| Snacks  |  |  |  |  |  |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NHS number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_