

If one of your residents has a MUST score ≥1 (medium or high risk), it is recommended that a 3-day food and fluid intake record is kept. Below are a few tips on how to complete this record.

Tips to complete an accurate food & fluid intake record

- 1. Record all food and fluids intake for 3 consecutive days.
- 2. Ensure that all meals, fluids and snacks are recorded.
- 3. Record quantity and portion size of meals consumed in as much detail as possible.
- 4. Fill in records at the end of each meal time, not at the end of the day. This way you can see what food is left on the plate, and you will be recording more accurately.
- 5. If any oral nutritional supplements are taken, record the amount consumed as opposed to the amount given.

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This booklet is intended for healthcare professionals only.



Name:)ate:				_
Please Tick:	Day 1 □	Day 2 □	Day 3					
Record all food a portion sizes e.g.					descri	ption	of quantities of	
Meal	Please list all fo	ood and fluid c	consumed		nsum 3/4		Completed by	
Breakfast:								
Mid-Morning Snack:								
Lunch:								
Mid-Afternoon Snack								
Tea/Dinner:								
Evening Snack:								



Name:)ate:				_
Please Tick:	Day 1 □	Day 2 □	Day 3					
Record all food a portion sizes e.g.					descri	ption	of quantities of	
Meal	Please list all fo	ood and fluid c	consumed		nsum 3/4		Completed by	
Breakfast:								
Mid-Morning Snack:								
Lunch:								
Mid-Afternoon Snack								
Tea/Dinner:								
Evening Snack:								



Name:			Date:				
Please Tick:	Day 1 □	Day 2 □	Day 3 □				
Record all food and fluid intake, including supplements. Give a careful description of quantities of portion sizes e.g. bowl of porridge, medium potato, slice of bread etc.							

Meal	Please list all food and fluid consumed	Quar	ntity co	onsum	Completed by	
		1/4	1/2	3/4	All	
Breakfast:						
Mid-Morning Snack:						
Lunch:						
Mid-Afternoon Snack						
Tea/Dinner:						
Evening Snack:						