TEMPLATE A

Kitchen and Eating Check-In

Use with Chapter 3. Mark each item **OK**, **Fix** (the family can handle it), or **Ask** (ask a professional), and add notes.

Area	Item	OK / Fix / Ask	Notes
Refrigerator	Thermometer reads 40°F or below (reading: ____ °F)		
	No spoiled, moldy, or leaking food		
	Leftovers dated; none older than 3 to 4 days		
Freezer	Thermometer reads 0°F or below (reading: ____ °F)		
	Meals labeled and dated (Template G)		
Pantry	Foods that make meals, not only snacks		
	Nothing expired; packages easy to open		
	Everyday items reachable without a step stool		
Cooking	Stove used safely; no scorched pans		
	Microwave used confidently		
	Can stand, lift, read labels, and use a can opener		
Eating	Meals a day: ____ ; meal most often skipped: _____		
	Eats with others? Where?		
	Foods avoided because of chewing or swallowing		
	Coughing, throat clearing, or wet voice at meals		
	Drinks a day (what and how much)		
Health	Weight today: ____ lb (date _____)		
	Diet orders (who gave them, date)		
	Allergies and intolerances		
	Teeth: natural / partial / full dentures; fit		

Area	Item	OK / Fix / Ask	Notes
Money	Monthly food spending now: $_____		
	Benefits in place (Supplemental Nutrition Assistance Program (SNAP), meals, plan benefits)		

Yesterday's food (breakfast, lunch, dinner, snacks, drinks): _____

Three biggest problems: 1. _____ 2. _____ 3. _____