TEMPLATE M

# Long-Distance Meal Check-In

Use with Chapter 14. Same day each week.

| Question | This week's answer |
|---|---|
| What did you eat yesterday? | |
| Did the grocery order come? Anything missing? | |
| How many frozen or delivered meals are left? | |
| Anything past its date in the refrigerator? (helper checks) | |
| Any trouble chewing, swallowing, or coughing? | |
| Anything the doctor asked us to track | |
| New medicines or doctor's instructions? | |
| Anything you'd like more of, or are tired of? | |
| Local helper's notes | |
| Follow-up needed (who, by when) | |