

# SPEECH AND LANGUAGE THERAPY: Weekly Diary of Eating and Drinking Difficulties



**Describe:** 1. the food and drink given    2. the amount eaten and drunk    3. any difficulties experienced by the patient

<b>Patient's Name/DOB:</b>	<b>Date:</b>
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Meal	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast							
Lunch							
Dinner							
Snacks							