

Nutrition & Hydration Daily Monitor

Weekly Progress Tracking for Seniors

Resident Name: _____

Week Starting: _____

DAY	MEALS CONSUMED (PORTION %)	HYDRATION (8OZ GLASSES)	MEDICATION / SUPPLEMENTS	OBSERVATIONS / APPETITE
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MON B:___ L:___ D:___

TUE B:___ L:___ D:___

WED B:___ L:___ D:___

THU B:___ L:___ D:___

FRI B:___ L:___ D:___

DAY	MEALS CONSUMED (PORTION %)	HYDRATION (8OZ GLASSES)	MEDICATION / SUPPLEMENTS	OBSERVATIONS / APPETITE
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SAT B:___ L:___ D:___

SUN B:___ L:___ D:___

Instructions: Record percentage of meal eaten (e.g., 75%). Tick one hydration circle for every 8oz water/fluid consumed. Note any difficulty swallowing or unusual fatigue.