

TOOTH-FRIENDLY EATING & CHEWING COMFORT

Record three typical days. The goal is to notice patterns in eating, drinking and oral comfort - not to judge every food or calculate nutrients precisely.

Name: _____

Dates recorded: _____

Dentist: _____

Dietitian / clinician: _____

1. Three-Day Food, Drink and Comfort Record

Comfort: 0 = no difficulty, 1 = mild, 2 = moderate, 3 = significant. Mark S for sugary and A for acidic when relevant.

Day / time	Meal, snack or drink	S / A	Chewing 0-3	Dry mouth 0-3	Sensitivity 0-3	Notes: pain, denture fit, swallowing, food sticking
Day 1						
Day 2						
Day 3						

2. Patterns I Noticed

Foods or drinks that were easiest: _____

Foods or drinks that caused difficulty: _____

Did I sip a sweet or acidic drink for a long period? ☐ Yes ☐ No ☐ Unsure

Did mouth discomfort cause me to skip food groups or meals? ☐ Yes ☐ No ☐ Unsure

EASIER EATING & APPOINTMENT NOTES

Food texture can often be changed without giving up variety. Medical conditions, allergies and swallowing problems may require individualized advice.

1. Foods and Textures to Consider

Softer protein ideas: ☐ Fish ☐ Eggs ☐ Yogurt ☐ Tofu ☐ Beans or lentils ☐ Nut butter
Softer produce ideas: ☐ Cooked vegetables ☐ Soft fruit ☐ Berries ☐ Unsweetened applesauce ☐ Soup
Calcium-containing choices: ☐ Milk or yogurt ☐ Fortified soy beverage ☐ Calcium-set tofu ☐ Other
Vitamin D / B12 sources to discuss: ☐ Fish ☐ Eggs ☐ Dairy ☐ Fortified foods ☐ Supplement advised
Foods I would like help adapting: _____

2. What Makes Eating Difficult?

☐ Painful or sensitive tooth ☐ Loose tooth ☐ Missing teeth ☐ Recent dental treatment
☐ Denture movement or sore spots ☐ Jaw pain or fatigue ☐ Dry mouth
☐ Food sticks in mouth ☐ Coughing or choking ☐ Difficulty swallowing
☐ Reduced appetite ☐ Unplanned weight loss ☐ Very limited food variety
What I have stopped or reduced eating: _____
Why: _____

3. Practical Tooth-Friendly Habits

☐ Choose water between meals most often ☐ Keep sweets mainly with meals
☐ Avoid sipping sweet or acidic drinks over several hours ☐ Rinse with plain water after acidic foods or drinks
☐ Brush twice daily with fluoride toothpaste ☐ Follow my dry-mouth plan
One change I will try: _____

4. Questions for My Providers

☐ Is a tooth, denture, bridge or jaw problem limiting what I can eat?
☐ Could dry mouth or a medication be contributing?
☐ Do I need additional fluoride because of dry mouth, exposed roots or frequent cavities?
☐ Should I see a registered dietitian or swallowing specialist?
☐ Do I have evidence of a vitamin or mineral deficiency that requires treatment?
☐ Could a supplement interact with my medicines or health conditions?
Other: _____
Provider's notes: _____

When to Ask for Help

Contact a dental or medical professional if pain, loose teeth, poorly fitting dentures, persistent dry mouth or mouth sores are limiting your diet. Seek prompt medical advice for repeated coughing or choking, difficulty swallowing, dehydration, or unplanned weight loss. Supplements should address an identified need and do not replace food, fluoride, daily cleaning or necessary treatment.