

MEOF-II, Minimal Eating Observation Form-Version II

Assess how he/she would manage without assistive devices/assistance/compensation. A mark in the grey area indicates problems/difficulties.

OBSERVATION during												
		<input type="checkbox"/> Breakfast		<input type="checkbox"/> Lunch		<input type="checkbox"/> Dinner		<input type="checkbox"/> Between meals		<input type="checkbox"/> Other		
INGESTION										Manage without problems		
										Yes	No	
A1	Sitting position; sits normally/without support while eating								0 <input type="checkbox"/>	1 <input type="checkbox"/>		
A2	Manipulation of food on the plate (does not spill, no assistive devices, uses both hands)								0 <input type="checkbox"/>	1 <input type="checkbox"/>		
A3	Transport of food to the mouth (does not spill/drop, finds the mouth easily, no assistive devices)								0 <input type="checkbox"/>	1 <input type="checkbox"/>		
DEGLUTITION										Manage without problems		
										Yes	No	
B1	Manipulation of food in the mouth (chewing, regular consistency, does not accumulate food in mouth)								0 <input type="checkbox"/>	1 <input type="checkbox"/>		
B2	Swallowing (does not cough, does not need extra concentration, no/or only small residues left in mouth after swallowing)								0 <input type="checkbox"/>	1 <input type="checkbox"/>		
B3	Are there difficulties to chew due to problems with teeth, mouth or prosthesis?		0 <input type="checkbox"/>	Never	0 <input type="checkbox"/>	Seldom	1 <input type="checkbox"/>	Now and then, occasionally	1 <input type="checkbox"/>	Quite often	1 <input type="checkbox"/>	Very often
ENERGY AND APPETITE										Manage without problems		
										Yes	No	
C1	Eats more than ¾ of served portion								0 <input type="checkbox"/>	1 <input type="checkbox"/>		
	1/1 portion (100%)											
	¾ portion (75%)									1 <input type="checkbox"/>		
	½ portion (50%)									1 <input type="checkbox"/>		
	<½ portion (less than 50%)									1 <input type="checkbox"/>		
C2	Energy (fulfils a whole meal without decline/fluctuations in the performance; only stops eating when having satisfied his/her hunger)								0 <input type="checkbox"/>	1 <input type="checkbox"/>		
C3	Appetite now compared to before		0 <input type="checkbox"/>	Strongly increased	0 <input type="checkbox"/>	Increased	0 <input type="checkbox"/>	Normal	1 <input type="checkbox"/>	Reduced	1 <input type="checkbox"/>	Strongly reduced

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Westergren A, Lindholm C, Mattsson A, Ulander K (2009) Minimal Eating Observation Form: Reliability and Validity. *The Journal of Nutrition Health and Aging* 13(1):6-12

Guide to MEOF II

A1. Sitting position. For a YES answer it is needed that

- the person can sit independently and move unobstructed and by her/his own will while sitting.

A2. Manipulating food on the plate. For a YES answer it is needed that

- the person uses both hands
- only occasional spillage besides the plate occurs
- no assistive devices are used (for instance high rimmed dishes, adapted cutlery)
- traditional cutlery is used (for instance not spoon for eating meat and potato)
- the person him/herself cuts food and butters a slice of bread.

A3. Transportation of food and beverage to the mouth. For a YES answer it is needed that

- the person is able to move his/her arms
- movements in arms/trunk/head are coordinated when food/beverage is transported to mouth
- no bib is needed
- the person can find his/her mouth directly
- only occasional spillage occurs during transport of food/beverage to the mouth
- the person him/herself holds glass/cup/cutlery/sandwich
- traditional cutlery is used (for instance not soup in mug or using straw).

B1. Manipulating food in the mouth. For a YES answer it is needed that

- mastication includes both vertical and circular movements
- the consistency of food is not adapted due to chewing problems
- food is smoothly and easily transported backward towards the pharynx
- no food is retained in the mouth after eating (especially check the space between teeth and cheek)
- conversation during the meal is possible (between the bites).

B2. Swallowing. For a YES answer it is needed that

- during the meal no or only exceptional slight coughs occurs that could be understood as wrong directed swallows
- the swallowing process follows neatly after the food has been chewed
- no pause or extra concentration occurs before swallowing
- the mouth is almost completely empty from food after having swallowed.

B3. Chewing. For a SELDOM or NEVER answer it is needed that

- the person bites off the food (does not divide it in any other unusual way, for instance pulls apart a sandwich with hands and teeth)
- food is not lost out of mouth while chewing.

C1. Amount of food eaten. For a “1/1 (100%)” answer it is needed that

- the person eats the whole served portion of food or only leaves some small pieces of food
- it is presupposed that the portion that is served has been adapted (amount and content) to the individual needs
- no artificial nutrition (enteral or parenteral) is provided due to insufficient food consumption.

C2. Energy to fulfil a meal. For a YES answer it is needed that

- the meal is not discontinued because the person does not manage to continue (only if he/she has satisfied his/her hunger)

C3. Appetite now compared to before:

- in the first place ask the person him/herself; in the second place try to estimate his/her appetite
- the appetite now should be compared to how his/her appetite usually is.

Developed 28-01-2003 by Karin Axelsson. Adapted to MEOF II by Albert Westergren, 25-07-2007.