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Thank you for your interest in using the *Meal Support Checklist* and *Recipe for Success*, tools which were researched and developed by the research and dietitian teams at British Columbia's Provincial Adult Tertiary & Specialized Eating Disorders Program (PATSEDP).

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Maude Hemi-Bhargaua

Feel free to contact us with any questions or comments regarding the use of these tools.

Sincerely,

Ali Eberhardt

Tanya Friesen

Hannah Robinson

Kosa Matic-Smyrnis

Maude Henri-Bhargava

Meal Support Checklist

Thank you for supporting me in my journey to wellness. During my time in treatment, I learned about ways that made me feel supported and not supported during the meal process.

Please be patient with me in this process. Ways that you can support me are

| the following: | | | |
|----------------|---|--|--|
| | ☐ I feel encouraged when you | | |
| | ☐ I feel supported when you | | |
| _ ′ | Timing of meals is important to me. It is helpful for me to have O Breakfast at O Lunch at O Dinner at | | |
| | It is helpful for me to have reminders to have snacks | | |
| | It is important to me to be honest about my triggers. Some of my main triggers are: | | |
| | It is okay to provide suggestions | | |
| | ☐ It is okay to provide suggestions☐ It is okay to ask me if I have eaten today | | |
| | It is okay to ask me what I have eaten today | | |
| | Please trust that my food choices and portions are correct | | |
| BEFORE MEALS | | | |
|] | MENU PLANNING | | |
| | I like to havedays of planned menus in advance | | |
| | I like to haveweek(s) of planned menus in advance | | |

| ☐ I would like you to help me make this planned menu | | | |
|---|--|--|--|
| ☐ I would like you to look over my planned menu after I have done it | | | |
| GROCERY SHOPPING | | | |
| ☐ Until I get more confident, I would like you to join me grocery shopping | | | |
| ☐ I like to grocery shop on my own | | | |
| ☐ It is important to me to have a grocery list to follow with specific food quantities | | | |
| ☐ It is important to me that I/we stick with the grocery list | | | |
| COOKING MEALS | | | |
| □ It would be helpful if you were around while I'm preparing: ○ Breakfast ○ Lunch | | | |
| o Dinner | | | |
| □ It would be helpful if you prepared the meal with me for: ○ Breakfast ○ Lunch ○ Dinner | | | |
| ☐ I would like you to prepare the meal if you are able: ○ Breakfast ○ Lunch ○ Dinner | | | |
| ☐ I feel comfortable having you assign me specific tasks while cooking | | | |
| ☐ I would like to be able to assign you specific tasks for cooking | | | |
| ☐ It is important to me that we stick to a recipe, if we need to change it, let me know in advance | | | |

| ☐ I would like you to cook the meal if you are able | | | | |
|--|---|--|--|--|
| ☐ It would be helpful for me if you could give me menu options at meal time for: | | | | |
| o Breakfast | | | | |
| o Lunch | | | | |
| o Dinner | | | | |
| DURING MEALS | | | | |
| ☐ It is helpful for me to have the following meal environment: | | | | |
| o Place | | | | |
| o Sounds | | | | |
| Others present | | | | |
| ☐ It is helpful at meal time to distract me by keeping conversation light | | | | |
| ☐ Some good conversation topics are: | | | | |
| | | | | |
| | | | | |
| ☐ I find the following topics might make it more difficult for me to eat, let's not talk about | : | | | |
| o Body | | | | |
| o Exercise | | | | |
| Nutritional value of foods | | | | |
| o Diets | | | | |
| o Being too full | | | | |
| o Other | | | | |
| ☐ It is okay to use humor | | | | |
| ☐ Please try not to talk about food at the table unless: | | | | |
| ☐ It is helpful for me if you involve me in conversation | | | | |
| \Box It is helpful for me if we have the same portions | | | | |

| \square It is helpful for me if we have similar portions but not the same portions | | | | | |
|--|--|--|--|--|--|
| \Box It helpful for me if we both eat the same types of food | | | | | |
| ☐ It is helpful for me if we both eat similar types of food | | | | | |
| ☐ It is helpful for me if you portion my plate | | | | | |
| ☐ I would like to portion my own plate | | | | | |
| o For | now, it is important for me to measure my food | | | | |
| o For | now, I am trying to eyeball my food portions | | | | |
| ☐ I would like to finish my meal within: | | | | | |
| o Brea | akfast minutes | | | | |
| o Lun | ch minutes | | | | |
| o Dini | ner minutes | | | | |
| ☐ Some signs that I am struggling during the meal: | | | | | |
| o I am | quiet | | | | |
| o I am | not making eye contact | | | | |
| o I am | pushing my food around | | | | |
| o I am | eating very slow | | | | |
| o I am | eating very fast | | | | |
| o Otho | er | | | | |
| ☐ If you notice I am struggling during the meal, it helps if you | | | | | |
| ☐ It is helpful if you stay at the table until I am finished | | | | | |
| ATER MEALS | | | | | |
| ☐ It is importa | ant for me to have a post-meal distraction | | | | |
| o Som | ne ideas could be: | | | | |

| | It would be helpful to wait for minutes to clean the kitchen |
|--------|---|
| | I would like help cleaning after the meal |
| | It is okay to acknowledge that I have struggled by saying "I noticed, how can I help" |
| | This is hard for me, it would be helpful to take minutes after the meal to discuss the experience |
| | If you notice I am struggling after the meal, it helps if you |
| One la | st thing that is important for me to share with you: |
| Thank | you again for helping me in my journey to wellness! |

Recipe For Success Thank you for supporting me in my journey to wellness. During my time in treatment, I learned about ways that made me feel supported and not supported during the meal process. The top things you can do to support me are: It is helpful if we keep topics of conversation