

Intended for



EXTREMELY THICK

Product or food tested			
If soup, heating method(s)			
Temperature when tested at:	<input type="checkbox"/> optimal serving temperature	<input type="checkbox"/> 15 mins after serving	<input type="checkbox"/> 30 mins after serving

Instructions:

- Level 4 Extremely Thick critical tests include **Appearance + Fork Drip Test + Spoon Tilt Test** OR if these are not available Finger Test. Chopstick test not appropriate.
- The food item must pass or meet criteria for any row marked *.

Tests: Suitable drinks, soups, nutritional supplements, gravies, sauces, liquid medications	Meets criteria at		
	Time of service	15 mins after serving	30 mins after serving
Critical: Appearance			
* No lumps	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Critical: Fork Drip Test (metal dinner fork needed)			
* Food sits in a mound above the dinner fork (a small amount may form a tail below the dinner fork)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
* Does <u>not</u> drip or flow continuously through the dinner fork	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Critical: Spoon Tilt Test (teaspoon needed)			
* Holds shape on teaspoon	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
* Food slides off spoon with little food left on teaspoon (i.e. <u>not</u> sticky)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
May spread or slump slowly on a flat plate	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alternative if Fork or Spoon not available: Finger Test			
* Hold a sample on fingers without it dripping through continuously	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
* Food slides smoothly and easily between fingers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food leaves noticeable residue on fingers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Preferred but not critical: Fork Pressure Test			
Prongs of fork make clear pattern on surface OR food briefly retains dinner fork indentation marks	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
OVERALL CONCLUSION: Does the sample meet the criteria for Level 4 Extremely Thick?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Notes: * Extremely Thick liquids need to be able to be put in the mouth and swallowed whole. No chewing and no bolus formation skills should be needed to eat this consistency.

* Please see also <http://iddsi.org/framework/food-testing-methods/>