

INSTRUCTIONS

Use the A-Z index to prompt your thinking and then record your personal nutritional information. Record what support you require and your food and drink preferences.

TO COMPLETE 4.7

Record your preferences of the food and drinks that you enjoy and your preferred times and places to consume them e.g. breakfast in bed, lunch outside, tea at the dining table. Record the importance of each nutritional activity and if you need some help in any area. You can add items to this list or leave aspects blank.

Tick the degree of importance of each nutrition routine to you using this scale:

1 = no importance at all **2** = not that important **3** = fairly important **4** = very important

MY NUTRITION <i>(Suggestions of things to record are provided but add anything important to you.)</i>	IMPORTANCE TO ME				I NEED HELP		MY PREFERENCES <i>(Record information that will help a person to effectively support you, eg. what foods you like, how you like them prepared, when you like to eat them, and where. Do the same for drinks. Include cultural information, special foods for religious festivals etc. What do you need help with? Names of special foods/drinks?)</i>
	1	2	3	4	YES	NO	
Breakfast <i>(e.g. Food? Drinks? Who makes it? Where you eat it?)</i>							
Morning tea							
Lunch							
Afternoon tea							
Dinner/Tea							
Supper							

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	1	2	3	4	YES	NO	
Snacks							
My condiments <i>(e.g. specific condiments used to cook with or add to meals)</i>							
My health conditions <i>(e.g. diabetes, coeliac, heart/renal disease, diverticulitis, etc.)</i>							
My special dietary requirements <i>(e.g. cholesterol, constipation, hypertension, obesity, underweight, osteoporosis, etc.)</i>							
My nutritional supplements <i>(e.g. vitamins, minerals, herbs, supplements, etc.)</i>							
Do you have difficulty eating / drinking? <i>(e.g. mouth, teeth, swallowing, chewing, holding cups, etc.)</i>							
Do you require dietary assistance? <i>(e.g. food preparation, soft food, assistance, cutlery, cut up, etc.)</i>							
Writing a meal plan							

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	1	2	3	4	YES	NO	
Favourite snacks							
Shopping for food							
Preparing food							
Access to cupboards, benches, equipment							
Serving food							
Feeding yourself							
Clean up after meal							
Making tea/coffee							

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	1	2	3	4	YES	NO	
Favourite hot drinks							
Favourite cold drinks							
Favourite drink/s with meals							
Favourite fruits							
Favourite vegetables							
Favourite dairy							
Favourite breads							
Favourite take away							
Restricted foods							