

Chapter 2. Four Basic Routines:

1. Planning food
2. Making food
3. Shopping
4. Eating

Tools Available to Use for Chapter 2

For Step 1:

My Planning Routine (2-B)
My Special Medical Dietary Needs (2-C)
My Food Preferences (2-D)
My Food Cards (2-E)
My Shopping Routine (2-F)
My Making Food Routine (2-I)
My Special Eating Dietary Needs (2-J)
My Eating Routine (2-K)

For Step 2:


Shopping List (2-H)
WID/WYD (2-L)
Weekly Schedule (2-M)
What You Do Monitoring Checklist (2-N)

For Step 3:

My Food Alerts (2-O)



**Step 1. Establish Routines:
Document current Routines in
each of the areas: Planning food,
Making food, Shopping, and
Eating.**



Step 2. Implement Food Routines
Implement each Routine by:

1. Scheduling tasks to be performed
2. Identifying who needs to perform each task
3. Track and modify as needed.



**Step 3. Post Routines in home
for support staff to follow.**



**Step 4. Prioritize Completed
Food Routines into PSP**



My Planning Routine

1. How often do you plan the following meals each week?

	Never	1-3 times per week	4 or more times per week
Breakfast			
Lunch			
Dinner			
Snacks			

2. I plan my meals based on (check all that apply):

- Taste
- Cost
- Convenience
- Cooking ability
- Time it takes to make it
- Medical needs
- Other (please explain):

3. My favorite or usual meals I make and eat at home are: (please list)

4. My favorite or usual snacks I make and eat at home are: (please list)

5. Do you want to do more food planning in the future?

Yes, I want to do more food planning in the future.
Do you have specific goals for things to learn or to do? Write them here:

No, I do not want to do more food planning.





My Special Medical Dietary Needs

- Medically prescribed diet, or specific foods required in diet.**

- Difficulty chewing and/or swallowing.**

- Food allergies or intolerances.**

- Medications or supplements required at meal time.**

- Food aversions.**

- Other? Please describe.**





My Food Preferences

Form 2-D
Instructions in
Chapter 2

My Favorite Foods	Foods I Dislike
Grains	
Vegetables	
Fruit	
Dairy	
Protein	
Beverages	





My Food Cards

Meal:

[Meal photo here]

What is in this meal?

Where to find the recipe for this meal:

Special preparation instructions:

Other foods I sometimes use in this meal:





My Shopping Routine

1. Where I get my food (name of store, market, or service I use):

2. How do you get food from the store/service above? *(check all that apply)*
 I shop
 Another person gets food or shops for me.
 Who?
 The food is delivered to my home

3. When and how often do you get food from this store/service?

4. Who makes your shopping list?
 - 4a. If someone else makes your shopping list, do you want to help them?

 - 4b. If you do not have a shopping list, who can help you make one?

5. How foods are put away in my kitchen:

6. Assistance I need:

7. Do you want to do more shopping-related tasks in the future?
 Yes, I want to do more shopping-related tasks in the future.
 Do you have specific goals for things to learn or to do? Write them here:

 No, I do not want to do more shopping-related tasks.





My Shopping Routine
Additional store/service forms

1. **Where I get my food (name of store, market, or service I use):**

2. **How do you get food from the store/service above? (check all that apply)**
 I shop
 Another person gets food or shops for me.
 Who?
 The food is delivered to my home

3. **When and how often do you get food from this store/service?**

4. **Who makes your shopping list?**
 - 4a. **If someone else makes your shopping list, do you want to help them?**

 - 4b. **If you do not have a shopping list, who can help you make one?**

5. **How foods are put away in my kitchen:**

6. **Assistance I need:**





Shopping List

Regular Items to Buy Most Weeks

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

This Week's Other Foods

Breakfast Foods/Ingredients:

Lunch Foods/Ingredients:

Dinner Foods/Ingredients

Snack Foods/Ingredients

Other Foods/Ingredients

Other Household Products





My Making Food Routine

1. Who prepares your food? (e.g., washes fruits and vegetables, cuts foods, etc.)

- Self
- DSP/PCA
- Family member

2. What do you do to prepare your food?

3. What does your support person or family member do to help prepare your food?

4. Who cooks your food?

- Self
- DSP/PCA
- Family member

5. What do you cook?

6. What does your support person or family member cook?

7. Things you use to prepare your food:

- Equipment _____
- Appliances _____
- Knives _____
- Utensils _____
- Activities _____



8. Things you do not use to prepare your food:

Equipment _____

Appliances _____

Knives _____

Utensils _____

Activities _____

9. Do you want to do more tasks related to making food in the future?

_____ Yes, I want to do more tasks related to making food in the future.

Do you have specific goals for things to learn or to do? Write them here:

_____ No, I do not want to do more tasks related to making food.





My Special Eating Dietary Needs

- Feeding assistance required.**

- Adapted utensils, dishes, or equipment required or preferred.**

- Meals prepared or presented in a special way.**

- Other? Please describe.**





My Eating Routine

Breakfast

I eat...

The time I eat breakfast is...

I want to be reminded to...

After breakfast, I...





Lunch

I eat...

The time I eat lunch is...

I want to be reminded to...

After lunch, I...





Dinner

I eat...

The time I eat dinner on...

I want to be reminded to...

After dinner, I...





Snack

I eat...

The time I eat snacks on...

I want to be reminded to...

After a snack, I...





1. Do you have Special Dietary Needs?

Yes

No

****If yes, please refer to the Special Dietary Needs forms (2-C and 2-J) for more information!****

2. Do you want to do more tasks related to how you eat your food in the future?

Yes, I want to do more tasks related to how I eat food in the future. Do you have specific goals for things to learn or to do? Write them here:

No, I do not want to do more tasks related to how I eat my food.





What I Do	What You Do
<i>Food Planning</i>	<i>Food Planning</i>
<i>Shopping</i>	<i>Shopping</i>
<i>Making Food</i>	<i>Making Food</i>
<i>Eating</i>	<i>Eating</i>



What You Do Monitoring Checklist

Activity/Task	Day/Time	Done?	Comments





Weekly Schedule

Day	Task(s)	Who does this task?
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		





My Food Alerts

My Special Dietary Needs

My Food Preferences

My Food Prep



Chapter 3. Setting Food Goals

Tools Available to Use for Chapter 3

For Step 1:
My Food Visions and Goals (3-Q)

Step 1. Assess and Decide on Food Goals

For each additional food goal write:

1. Food Vision
2. Food Goal



For Step 2:
My Food Goal Action Steps (3-R)
Tracking My Goal (3-S)

Step 2. Establish Food Goal Action Plans

For each food goal, use the Food Vision and Goal form to develop:

1. An action plan
2. A tracking system for your plan/goal



For Step 3:
WID/WYD (2-L)
Weekly Schedule (2-M)
What You Do Monitoring Checklist (2-N)
My Food Alerts (2-O)
Tracking My Goal (3-S)

Step 3. Implement Food Goal Plan

Implement each additional food goal by:

1. Scheduling tasks to be performed
2. Identifying who needs to perform each task



Step 4. Prioritize Food Goals through the PSP

My Food Visions and Goals

- Vision
 - Goals (do these things to achieve your vision)

- Vision
 - Goals (do these things to achieve your vision)

Add more pages if you have additional visions and goals.



My Food Goal Action Steps

Step 1: Goal/Topic

Choose a goal from your list of "Food Visions and Goals." Transfer your goal information into this box as the first step.

Step 2: Action Plan Outline / Action Strategies

Identify the specific changes you need to make to reach this goal.

Step 3: Food Influences

Identify things that may impact (positively or negatively) your ability to make the changes outlined in Step 2.



Step 4: Detail of Action Plan

Write down specific ways you will work on making the changes outlined in Step 2.

Step 5: Tracking Action Plan

Determine how you will track successes, monitor support, reinforce positive changes, and modify this plan as needed.



Tracking My Goal

Who:

Vision:

Goal:

Behavior or Activity to Track:

How often to Track:

Date /
Time _____

How did I do?

