# **Chapter 2. Four Basic Routines:**

Planning food
Making food
Shopping
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)

<u>For Step 2:</u> Shopping List (2-H) WID/WYD (2-L) Weekly Schedule (2-M) What You Do Monitoring Checklist (2-N) 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

For Step 3: My Food Alerts (2-O)



# 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.



Form 2-C Instructions in Chapter 2



# **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.



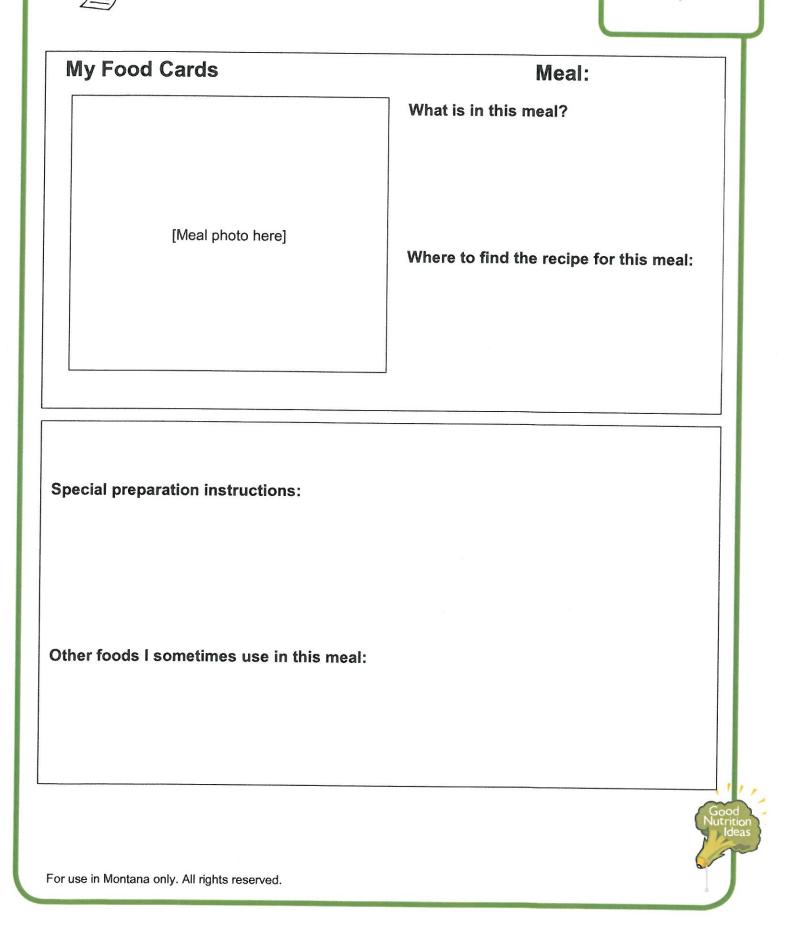


# **My Food Preferences**

Form 2-D Instructions in Chapter 2

My Favorite Foods	Foods I Dislike
Grains	
Vegetables	
Fruit	
Dairy	
Protein	
Beverages	
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Form 2-E Instructions in Chapter 2





#### 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.





Form 2-G Instructions in Chapter 2

#### <u>My Shopping Routine</u> 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:



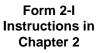


# **Shopping List**

Regular Items to E	Buy Most Weeks

# This Week's Other Foods

**Breakfast Foods/Ingredients:** Lunch Foods/Ingredients: **Dinner Foods/Ingredients Snack Foods/Ingredients Other Household Products Other Foods/Ingredients** 





- 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?



8.	Things you do <u>not</u> 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.



#### Form 2-K Instructions in Chapter 2

# My Eating Routine

# Breakfast

I eat...

The time I eat breakfast is...

I want to be reminded to...

After breakfast, I...



Lunch

l eat...

The time I eat lunch is...

I want to be reminded to...

After lunch, I...



Dinner

l eat...

The time I eat dinner on...

I want to be reminded to...

After dinner, I...



Snack

l 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
Food Planning	Food Planning
Shopping	Shopping
Making Food	Making Food
Eating	Eating

# What You Do Monitoring Checklist

Activity/Task	Day/Time	Done?	Comments





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



Form 2-O Instructions in Chapter 2

My Food Alerts

**My Special Dietary Needs** 

**My Food Preferences** 

My Food Prep



# Chapter 3. Setting Food Goals

#### Form 3-P Instructions in Chapter 3

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**

<u>Vision</u>

• Goals (do these things to achieve your vision)

<u>Vision</u>

• Goals (do these things to achieve your vision)

Add more pages if you have additional visions and goals.



#### Form 3-R Instructions in Chapter 3

# My Food Goal Action Steps

### Step 1: Goal/Topic

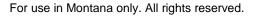
Choose a goal from your list of "Food Visions and Goals." Transfer your goal information into this box as the first step.

# 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.



<u>Step 4: Detail of Action Plan</u> Write down specific ways you will work on making the changes outlined in Step 2.

<u>Step 5: Tracking Action Plan</u> Determine how you will track successes, monitor support, reinforce positive changes, and modify this plan as needed.



# Tracking My Goal

Vision:

Goal:

Behavior or Activity to Track:

How often to Track:

Date /

Time

How did I do?

