

DINING PREFERENCES

Instructions: Complete questions. Put a LINE through foods you DO NOT WANT and CIRCLE favorite foods you DO WANT.

Do you usually eat breakfast? ☐ Yes ☐ No

- Where do you like to eat it? ☐ Dining room ☐ Your room
☐ Other _____
- Does the community offer breakfast at times that are okay with you? ☐ Yes ☐ No
a. If no, when do you like to eat? _____AM
- Do you enjoy this activity when you're eating?
(Check all that apply): ☐ Watching TV ☐ Reading
☐ Talking to friends ☐ Listening to music ☐ Quiet time
- What size portions do you prefer?
Explain: ☐ Large ☐ Average ☐ Small
- Religious/Ethnic/Cultural/Special Foods preferred?
☐ Yes ☐ No Food _____
- What do you like to drink? _____

Do you usually eat lunch? ☐ Yes ☐ No

- Where do you like to eat it? ☐ Dining room
☐ Your room ☐ Other _____
- Does the community offer lunch at times that are okay with you? ☐ Yes ☐ No
a. If no, when do you like to eat? _____PM
- Do you enjoy this activity when you're eating?
(Check all that apply): ☐ Watching TV ☐ Reading
☐ Talking to friends ☐ Listening to music ☐ Quiet time
- What size portions do you prefer?
Explain: ☐ Large ☐ Average ☐ Small
- Religious/Ethnic/Cultural/Special Foods preferred?
☐ Yes ☐ No Food _____
- What do you like to drink? _____

Do you usually eat dinner? ☐ Yes ☐ No

- Where do you like to eat it? ☐ Dining room ☐ Your room
☐ Other _____
- Does the community offer dinner at times that are okay with you? ☐ Yes ☐ No
a. If no, when do you like to eat? _____PM
- Do you enjoy this activity when you're eating?
(Check all that apply): ☐ Watching TV ☐ Reading
☐ Talking to friends ☐ Listening to music ☐ Quiet time
- What size portions do you prefer?
☐ Large ☐ Average ☐ Small
- Religious/Ethnic/Cultural/Special Foods preferred?
☐ Yes ☐ No Food _____
- What do you like to drink? _____

Do you usually eat snacks? ☐ Yes ☐ No

- What times do you enjoy eating snacks?

- Where do you like to eat your snacks? ☐ Living room
☐ Your room ☐ A friend's room ☐ Out and about
- What are your favorite snacks? _____

Do you add salt and/or pepper to some foods? ☐ Yes ☐ No

Birthday meal preference: _____

PROTEIN

Beans	Turkey
Burrito	Veal
Casseroles	Wraps
Cheese	Yogurt
Chicken	Non-fat yogurt
Chili	Nuts
Cottage cheese	Peanut butter
Eggs	Pizza
Fish	Pork
Ham	Quiche
Hamburger	Roast beef
Hot dogs	Shellfish
Hummus	Sausage
Liver	Tacos
Lunch meat	Tofu
	Tuna

VEGETABLES

Asparagus	Lettuce
Bean dip	Lima beans
Bell peppers	Mushrooms
Beets	Mixed veggies
Black beans	Okra
Broccoli	Olives
Brussels sprouts	Onions
Cabbage	Peas
Carrots	Potatoes
Cauliflower	Potato salad
Collard greens	Refried beans
Coleslaw	Sauerkraut,
Corn	Spinach
Cucumbers	Squash
Green beans	Sweet potatoes
Guacamole	Tomato products
Kidney beans	Wax beans
	Zucchini

GRAINS

Biscuits	French toast
Breadsticks	Grits
Chow Mein	Oatmeal
noodles	Pancake
Coffee cake	Pasta
Cold cereal	Pita Bread
Corn bread	Quinoa
Couscous	Ramen noodles
Crackers	Rice
Cream of rice	Tortilla
Donuts	White bread
Dumplings	Wheat bread

FRUITS

Apples
Applesauce
Apricots
Banana
Berries
Cantaloupe
Cherries
Coconut
Fruit cocktail
Grapes
Mango
Oranges
Peaches
Pears
Pineapple
Plums/prunes
Raisins
Strawberries
Watermelon

SNACKS & DESSERTS

Cakes
Cookies
Fresh fruits and vegetables
Gelatin
Ice Cream
Nuts
Popcorn
Potato Chips
Pretzels
Snack Crackers
Sherbet
Smoothies
Candy: _____

OTHER

Apple butter
Butter
Condiments
Gravy
Margarine
Sour cream
Soup: _____

CURRENT DINING SITUATION

- What kind of restricted diet are you currently eating, if any?
☐ Diabetic ☐ Cardiac ☐ Low-Salt ☐ Fluid restricted
☐ Calorie Controlled ☐ Altered Consistency
- Would you like to make any changes? ☐ Yes ☐ No
- Do you have allergies/intolerances? ☐ Yes ☐ No
List _____
- With what do you need help when you eat?
☐ Cutting meat ☐ Holding hot beverages ☐ Opening packaged goods ☐ Steadying hands ☐ Other issues

- Do you need special silverware, cups or plates? ☐ Yes ☐ No
If yes, list item _____

RESIDENT SIGNATURE _____ ASSISTED BY, STAFF SIGNATURE _____