

# Worksheet 13: Individualised activity plan for eating and drinking

Name..... Date.....

**Favourite foods and drinks:**

**Least favourite foods and drinks:**

**Eating and drinking routines:**

Morning

Afternoon

Evening

Night

**Level of ability in preparing, eating and clearing away food and drink:**

**Difficulty in preparing, eating and clearing away food and drink:**

**Important people related to eating and drinking:**