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| **Questions to ask the resident (*or the resident’s family/friends*)** | |
| **Name of resident:** | |
| What times of the day do you like to have a drink? |  |
| What do you usually like to drink? |  |
| Are there any types of drinks that you don’t enjoy? |  |
| Do you like different drinks at different times of the day e.g. with meals or in the evening? |  |
| Would you prefer your drinks to be served before, with and/or after a meal? What types of drinks do you prefer at these times? |  |
| Do you like your drinks in a certain type of glass or cup e.g. a beaker or your own mug? |  |
| Do you like any foods that are rich in fluid e.g. yoghurt, ice cream, fruit, jelly, custard? |  |
| Have your drinking habits changed since you came to the home e.g. the type of drinks you have, the times you have a drink, how many drinks you have in a day? |  |
| Are you worried about drinking too much e.g. because you feel you might not be able to get to the toilet on time? |  |