Add the amount fluid the drinking vessel holds.

What is their Preferred Drink – Squash, fizzy, water or more than one?

What flavours do they prefer?

Do they like it strong, weak etc?

Do the like Ice in their drink? (If appropriate)

Do they like drinking through a straw? (if appropriate)

Do they like these drinks at certain times of the day?

Do they need assistance with drinking? Do they need to be prompted etc?

Add the amount fluid the drinking vessel holds.

What is their Preferred drink – Coffee, Tea, Hot Chocolate?

Do they have milk?

Do they take sugar, if so, how many?

Do they like it strong, weak etc (could add the colour from the drinks picture showing the strength)

Do they like these drinks at certain times of the day?

Do they need assistance with drinking? Do they need to be prompted etc?

Residents name

Room number

*Picture of Drinking Vessel*

Cold Drink Preferences

*Picture of Drinking Vessel*

*Picture of Resident*

Hot Drink Preferences