

My daily activities (Advanced functional information) Specific activities

Form B5.1

Name and surname:		ID number:	
Activity:			
What I do			
How I do it			
What do I use to do it (include assistive device)			
With whom I do it			
When I do it (include how often and specific times during the day)			
Where do I do it			
Why I do it			

Example:

Activity	Drinking
What I do	Drinking a cup of coffee
How I do it	Ricoffee (2 heaped teaspoons), then and milk (long life 2% fat, about half a cup) and then the hot water.
What do I use to do it (include assistive device)	My favourite mug which I got from a special friend about 15 years ago.
With whom I do it	First cup on my own, on the stoep. I like having a cup of coffee with my family or friends that visit.
When I do it (include how often and specific times during the day)	I make my first cup of coffee in the mornings after I woke up. I have about 5 cups of coffee during the day (not at specific times, when I feel like it)
Where do I do it	First cup always at home. I also enjoy going out for coffee (then it is a flat white!)
Why I do it	Coffee is my favourite drink! It's part of my morning routine before the day officially starts. I like sharing a cup with friends and family.