

# Snack Time Activity

RESIDENT IDENTIFIED HAVING SNACKS AVAILABLE BETWEEN MEALS  
AS A PREFERENCE



# Supply Check-list



Assistive devices, as needed:

- Resident's glasses or magnifying glass, hearing aids, walker, or other assistive devices



Wipes



Snacks

- For this IPPI it is suggested that you choose snacks that are appropriate for the resident's dietary and nutritional needs. Examples of snacks to give include but are not limited to fruit, apple sauce, pudding, Jello, chips, etc.



Utensils



Feeling Faces Emotion Assessment form



# Activity Introduction

**[APPROACH]** Approach the resident from the front, on eye level, and smile.

**[GREET]** Greet the resident using their name.

**[INTRODUCE]** Introduce yourself using your name, and point to yourself.

**[ASK]** Ask how the resident is doing today.

» Say: "How are you doing today?"

**[ASSESS]** Complete the '**before**' portion of the Emotion Assessment form.

» Say: "Which face shows how you feel right now?"

» Do: Present the resident with the Emotion Assessment '**before**' Feeling Faces.

**[RESPOND]** Respond to and validate their response.

» Say: "So glad to hear you're well today." or "I'm sorry you're not feeling well."

» Do: Address the person's needs, if applicable.

# Activity Questions

## Question Suggestions:

- What is your favorite snack?
  - Why is that your favorite snack?
- Do you like salty snacks or sweet snacks better?
- Do you like healthy snacks or junk food snacks more?
- Did you have a favorite snack growing up?
- Did you ever used to snack with someone special?
- When is your favorite time of the day to snack?

# Activity Instructions

**[INTRODUCE]** Introduce the personal care activity.

- » Say: "I know it's important for you to have snacks available between meals. Would you like to have a snack with me?"
- » Do: Show the resident the materials you will be using and explain how they work, if needed.

**[WASH]** Start by both you and the resident either washing or sanitizing your hands.

**[CHOICE]** Ask the resident what snack they would like to eat. Offer the available options based on their preferences and diet/nutrition.

- » Say: "What snack would you like to eat today? I have [list available snacks]."
- » Do: Point to each snack as you say its name.
- » Variation: If more help is needed, only present 2 options at once, as to not overwhelm the resident. If they are unable to choose, then pick one that aligns with their preferences.

# Activity Instructions continued

**[CHOICE]** Ask the resident where they would like to eat their snack.

- » Say: "Where would you like to eat your snack? We could eat [list available places to eat]."
- » Do: List different locations (inside and outside if the weather permits).
- » Variation: If more help is needed, only present 2 options at once, as to not overwhelm the resident. If they are unable to choose, then pick one that aligns with their preferences.

**[BEGIN]** Begin eating a snack with the resident.

**[ENCOURAGE]** Encourage the resident (remember: engagement over correctness).

- » Say: "You're great company" or "I'm enjoying our snack time together."
- » Do: Smile and nod, point to the food.

# Activity Instructions continued

**[ASK QUESTIONS]** See question card for ideas.

**[OFFER]** Offer to assist the resident with the activity, if needed.

- » Say: "I will be here if you need any help."
- » Do: Observe the resident and if they are struggling, offer to help.
- » Variation: If more help is needed, continue to encourage choice, support their hand or allow their hand to guide you.

\* If the resident is struggling with the activity, simplify questions and/or engage more with sense (see next page).

# Using the Senses

**[SENSE]** Engage the resident by using prompts, such as questions or gestures, relating to the five senses. Encourage the resident to **see**, **touch**, **smell**, and **taste** during the activity, for a sensory experience.

(Tip: Participate with the resident, you can answer these questions too).

» **See:** Encourage the resident to look at the snack; notice the different colors, sizes, and textures.

"What do you think of the snack? Does it look any different than how you remember?"

» **Touch:** Encourage the resident to touch the snack and/or packaging.

"What do they feel like? Do you like that feeling? Can you describe it?"

» **Smell:** Encourage the resident to smell the snack.

"What does the snack smell like? Do you like the smell? What about the smell do you like?"

» **Taste:** Encourage the resident to taste the snack.

"What does the snack taste like? Do you like the taste? Does the taste remind you of anything? Can you describe the taste?"

# Activity Closing

**[THANK]** Thank the resident for doing the activity with you.

**[ASK]** Ask for feedback:

» Say: How did you feel about eating your snack today?

**[ASSESS]** Complete the '**after**' portion of the Emotion Assessment form

» Say: "Which face shows how you feel right now?"

» Do: Present the resident with the Emotion Assessment '**after**' Feeling Faces.

**[ASK]** Ask if the resident needs anything before you leave and wipe down materials before storing the supplies.

*great job!*

