

The Story of Me

RESIDENT NAME _____

ROOM # _____ ADMISSION DATE _____

By what name do you prefer to be called? _____

What time do you like to rise in the morning? _____

What time do you like to go to bed? _____

Do you like to take naps during the day? _____

What time do you prefer to have your meals? _____

Do you have any religious dietary restrictions, such as not eating meat on Fridays or eating kosher foods? _____

Are there special foods you like to eat at holidays? _____

How often do you prefer to bathe each week? _____

Do you prefer a shower, tub bath, or whirlpool bath? _____

Do you have any favorite items, such as a particular sweater or blanket? _____

Do you prefer your room bright or dimly lit? _____

Are there any cultural or religious considerations you would like to have accommodated? _____

Are there any hobbies or crafts you enjoy doing? _____

How do you prefer to spend your spare time? _____

Do you like a certain type of music? _____

Do you like sports? _____

Are there any games you like to play, such as card or board games? _____

Is there anything you would like the staff to know to help them in providing care for you? _____