## ALL ABOUT ME

Please provide us some information so we can get to know you better. The information will give us a clear picture of you to help us provide care and support.				
How do you like to be addressed?				
When and where were you born?				
Are you single/married/ long standing relationships with:				
Name				
We've been together since				
Where have you lived?				
Children ( names and where are they living now)				
Are your children involved in your life now? If so how?				
Do you have any pets? If so what are their names?				

## In The Past

What kind of jobs did you have?
If you were asked about the major milestones in your life, what would you likely talk about? (eg. favorite places visited, life events)
Likes and Dislikes
What makes you happy?
What comforts you when you are upset?
What frightens you?
Life Story – Please describe any other details of your life that would help create a full picture of you as a "whole person" What would you want others to know about you?
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## A Typical Day

Routine is important for all of us but can be especially helpful for a person with dementia. Writing down your daily routine will help others who might be providing care. Try to look at your care through the eyes of someone who has never met you before. Include anything that provides pleasure, comfort or something you don't particularly like.

Morning (usual wake up time)				
Afternoon				
Evening				
Night (usual bedtime)				
Enjoying Each Day				
Activities can bring you pleasure and will help you continue to live a full life while adding enjoyment.				
Do you like music	yes	no		
If yes what type of music (eg. classical, jazz, folk, blues, all kinds)				
Do you play an instrument?				
Do you enjoy singing?				
Do you like to read	yes	no		
If yes what type of books do you read (eg. mystery, romance, biography)				
Do you like to watch television	yes	no		
If yes what are your favorite shows?				

Do you like to play games?	Yes	no
What do you like to play? (eg. cards, crosswords, b	ingo, d	dominoes
Are you interested in sports? If so what sports do y	ou foll	llow?
Do you have any hobbies that you enjoy?  What type of hobbies?	Yes	no
What other activities do you like?		
Meal Time  Do you have any food allergies?		
What are your likes and dislikes?		
Do you require assistance at meal time? (eg. cuttin	g meat	at, jam on toast)
Do you use cutlery?  Have you been using any assistive devices?		
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## Please note: The questions in this section are designed to be answered by your primary care giver. Your care giver can suggest ways that help you feel content, engaged and secure.

Does night time restlessness occur?	yes	no		
If yes what safety precautions and or interventions have you used?				
Are there certain times during the day when re	estlessness	occurs?		
What happens to settle him/her?				
What happens to settle him, her.				
Does anger or agitation occur at certain times	? (eg. bathir	ng, meal time)		
<del>,</del>				
What usually triggers this? (eg. rushing them, too many instructions)				
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When anger occurs, what responses tend to be helpful?				
If your family member/friend has difficulty uno you do? Is there anything that helps?				
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