



The Key To Me

Information contained in this document will remain confidential. It is for sharing with staff to enable them to give appropriate care and support. It will not be shared with anyone except authorized staff.

To enable staff to provide personalized care and activities for you (your relative), we value your input and that of family and friends to this questionnaire. Please answer the questions as you feel comfortable and able to do so. Our staff will maintain the confidentiality of this material and will use it with sensitivity.

PERSONAL DETAILS

Surname _____

Given first name _____

Maiden name _____

Nickname _____

Date and place of birth _____

Where did you live when you were growing up? _____

Where did you go to school? _____

Did you pursue any further studies? _____

What was your occupation? _____

SPOUSE / PARTNER

Name _____

Occupation _____

Where and when married _____

Special memories _____

PARENTS AND SIBLINGS

Mother's name _____

Occupation _____

Father's name _____

Occupation _____

Brother's name(s) _____

Sister's name(s) _____

CHILDREN

Names / where do they live/ occupation _____

GRAND CHILDREN

GREAT GRAND CHILDREN

NIECES AND NEPHEWS

ABILITIES / ACTIVITIES

Do/did you play a musical instrument? _____

Do you enjoy: (details about types of music, songs, books, etc.) _____

Music? _____

Singing? _____

Reading? _____

Poetry? _____

Concerts/Theatre? _____

Drawing? _____

Cards? _____

Favorite film/radio/TV programs? _____

Do/did you have any pets, if so, what kind? _____

Do/did you play any sports? _____

What were/are you best at? _____

What work (leisure or domestic) activities gave/give you the most enjoyment? _____

Is there any person, topic, or event that is really special? _____

Is there any person, topic, or event that you do not want to talk about? _____

HABITS / SOCIAL RELATIONSHIPS

How do you usually (include descriptions of facial expression, posture, gestures, stance):

Show approval? _____

Show pleasure? _____

Express anger? _____

Express grief? _____

Let off steam? _____

What kind of praise is suitable? _____

Do you usually.....

Like physical contact? _____

Like to be hugged? _____

Shake hands? _____

Enjoy company of others? _____

How do you feel about people coming into your room? _____

HABITS / ROUTINES (Detail re: type of assistance required)

What was the usual time of the day for a bath or shower? _____

What was the usual time to get up in the morning? _____

What was the usual time to go to bed in the evening? _____

What is your favorite food? _____

Favorite drink? _____

Do you:

Identify with a specific ethnic group? _____

Speak and understand another language? _____

Engage in family/cultural practices that should be continued? _____

Is religion important to you? _____

Does your family celebrate special occasions? (holidays) _____

How were special occasions celebrated? _____

What are some examples of happy memories from childhood? _____

