

RESIDENT INFORMATION

Ideally, this form is completed by the resident. If the resident cannot complete this form, it should be completed by the resident's family or close friends.

Resident's Name _____

- 1) By what name do you prefer to be addressed?
- 2) What language do you prefer to speak?
- 3) What was your occupation/job?
- 4) What family members and friends are important to you? What are their names?
- 5) What objects brought from home could have particular meaning? What could be brought that would provide comfort?
- 6) Do/did you have a pet? Pet's name? What kind **is/was** it?
- 7) What was a typical (daily) routine?
 - Sleeping pattern: awaken, nap, bedtime? What hours?
 - Meal times?
 - Bath or shower? When?
 - Did you spend time out-of-doors?
 - Special hobbies, membership organizations
 - Religious activities or other interests?
- 8) Favorite foods?
- 9) Food allergies/dislikes?
- 10) How will staff know when you have to use the bathroom?
- 11) How did you/do you handle stress? How did you react when you were asked to do something that you did not want to do?
- 12) What might cause agitation or anxiety?
- 13) What has a calming or reassuring effect on you?

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