**My Personal Preferences**

Like everyone else, residents have preferences in respect to how they live their lives. Federal law requires that every residents’ preferences are recognized, respected, and reflected in the care and services they receive. While living with other people inevitably results in some compromises, the facility must take meaningful steps to meet each resident’s needs and preferences as an individual.

For example, Sam likes to eat meat. This does not mean that the facility must feed Sam filet mignon. However, it is required to provide tasty, appealing, and nutritious food at every meal, and should endeavor to regularly offer dishes that Sam enjoys. Offering Sam a cheese sandwich as a meal substitute on a regular basis is not appropriate.

Residents and families are encouraged to use this form to document preferences which can be shared with staff to foster person-centered care. This page provides basic information. The following pages provide more specifics.

***PLEASE NOTE THAT THIS FORM IS TO PROVIDE INFORMATION ON PERSONAL PREFERENCES ONLY. IT IS NOT TO BE USED TO IDENTIFY A RESIDENT’S CLINICAL OR MEDICAL NEEDS, NOR DOES IT SUPPLANT PLANS OF CARE OR MEDICAL RECORDS.***

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| **A Little Bit About Me** |
| I prefer to be called: |  |
| I like to wake up: | * Naturally
* Around \_\_\_\_\_\_\_o’clock
 |
| My preferred morning routine: | * Is important to me
* Includes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| My bathing preferences:(check all that apply) | * Bath
* Shower
* Sponge bath
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (other or special notes)
 |
| My music/tv preferences: | * TV \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Music \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* I generally prefer quiet time in my room
 |
| Some things that I enjoy or find comforting: |  |
| **Get to Know Me** |
|  |  |
| I have lived in this facility since: |  |
| My religious and cultural traditions are:  |  |
| An interesting fact about me is: |  |
| People in whom I am interested: | * Spouse or partner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Friends \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Children \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Grandchildren \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| My birthday is:(Write N/A if you prefer not to say) |  |
| Some things I like: |  |
| Some things I don’t like: |  |
| When I feel unwell or upset, I like people to: |  |
| Favorite activities: | * Now \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* In the past \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| Favorite food: |  |
| Animals I like: | * Dogs
* Cats
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* I don’t care for animals
 |

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| **Sleep** |
|  | *Check all that apply* |
| I like to wake up: | * Naturally (on my own)
* Around \_\_\_\_\_\_\_
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| I like to go to bed: | * Around \_\_\_\_\_\_\_
* It depends on how I feel
 |
| Things that interfere with my sleeping (or trying to fall asleep): | * Loud noises
* Too high or too low temperatures
* Lighting from outside or inside the room
* Snoring or other noises from other residents
* Staff when they are talking near my room or bed
* I do not get woken easily
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| I prefer to lie down or take a nap when: | * I feel tired
* It is my bedtime
* I am in the mood
* I finish exercising
* I finish a meal
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

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| **Bedroom** |
|  | *Check all that apply* |
| Room décor: | * I like to decorate my room on my own
* I would like help in decorating my room
* I like my room as it is
* Other (or special notes): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| I wish to have the following in my room: | * Extra blankets or comforters
* Extra pillows
* Humidifier
* Entertainment: TV \_\_ Radio \_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Furniture: Chair \_\_ Dresser \_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Decorations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| I have concerns about my room, such as: | * It’s too hot
* It’s too cold
* It’s too stuffy
* It’s too dry
* It’s too small
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **Dress** |
|  | *Check all that apply* |
| What I like to wear: | * I always care about how I am dressed
* I care when it is a special occasion
* I’m not that concerned about how I dress
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| In getting dressed, I prefer: | * To dress myself
* To have a caregiver dress me
* To dress myself, with some assistance from a caregiver
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

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| **Grooming and Personal Care** |
|  | *Check all that apply* |
| My bathing preferences:(check all that apply) | * Bath
* Shower
* Sponge bath
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (other or special notes)
 |
| My grooming preferences:(after each that you check please indicate preferred frequency) | * Bathing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Shaving \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Hairdresser or Haircut \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Nail care: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| Shampoo and soap: | * I prefer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What the nursing home provides is fine
 |
| I like to do my own hair: | * Yes
* No, I would like assistance from a caregiver
 |

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| **Meals** |
|  |  |
| Food and snacks I like: |  |
| Food I do not like: |  |
| At meal times, I prefer to: | * Choose my own meals
* Eat whatever is prepared for me by the facility
 |
| During meal time, I prefer to eat at/in: | * The dining area
* My room
* Common area
* A friend’s room
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

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| **Social Interactions** |
|  | *Check all that apply* |
| When I have free time, I like to spend time with others: | * All the time
* During social activities
* During meal times
* Occasionally
* Generally prefer to be on my own
* Other : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| When I am with others, I like: | * Having conversations
* Eating meals together
* Exercising
* Playing games
* Arts and craft
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| I participate in the following religious or spiritual activities | * I prefer to keep my religious beliefs private
* Church \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Mosque \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Synagogue \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Bible study or prayer group \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* None
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

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| I want to have my privacy: | * A few hours each day
* I don’t require that much privacy
* At night time, before I sleep
* In the morning, after I wake up
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| Caregivers and other residents can respect my privacy by: | * Knocking on the door before entering my room
* Calling my name to make sure I am in my room
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| I enjoy meeting new people: | * All the time
* When I feel I can get along with them
* Sometimes, when I’m in the mood
* I don’t enjoy meeting new people
 |

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| **Leisure Activities** |
|  | *Check all that apply* |
| In my free time, I enjoy: | * Reading
* Art (e.g. drawing, painting)
* Listening to music or the radio
* Playing games
* Going outdoors
* Going to the store or mall
* Watching a movie
* Spending time with others
* Walking
* Exercising
* Watching TV
* Going on the computer or Internet
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| I like the following kinds of music:(please feel free to specify favorites in the space provided) | * Classical
* Religious
* Pop
* Big Band
* Rock
* Jazz
* Hip-Hop
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

*The structure of this form is based on the Preferences for Everyday Living Inventory (PELI) tool, which is used to measure personal preferences in areas such as social interactions and leisure activities. See* [*https://preferencebasedliving.com/peli-tools*](https://preferencebasedliving.com/peli-tools)*.*