

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.

A Little Bit About Me	
I prefer to be called:	
I like to wake up:	<input type="checkbox"/> Naturally <input type="checkbox"/> Around _____ o'clock
My preferred morning routine:	<input type="checkbox"/> Is important to me <input type="checkbox"/> Includes: _____
My bathing preferences: (check all that apply)	<input type="checkbox"/> Bath <input type="checkbox"/> Shower <input type="checkbox"/> Sponge bath <input type="checkbox"/> _____ (other or special notes)
My music/tv preferences:	<input type="checkbox"/> TV _____ <input type="checkbox"/> Music _____ <input type="checkbox"/> I generally prefer quiet time in my room
Some things that I enjoy or find comforting:	

Name: _____

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:	<input type="checkbox"/> Spouse or partner _____ <input type="checkbox"/> Friends _____ <input type="checkbox"/> Children _____ <input type="checkbox"/> Grandchildren _____ <input type="checkbox"/> 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:	<input type="checkbox"/> Now _____ <input type="checkbox"/> In the past _____
Favorite food:	
Animals I like:	<input type="checkbox"/> Dogs <input type="checkbox"/> Cats <input type="checkbox"/> Other: _____ <input type="checkbox"/> I don't care for animals

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

Bedroom	
<i>Check all that apply</i>	
Room décor:	<input type="checkbox"/> I like to decorate my room on my own <input type="checkbox"/> I would like help in decorating my room <input type="checkbox"/> I like my room as it is <input type="checkbox"/> Other (or special notes): _____
I wish to have the following in my room:	<input type="checkbox"/> Extra blankets or comforters <input type="checkbox"/> Extra pillows <input type="checkbox"/> Humidifier <input type="checkbox"/> Entertainment: TV __ Radio __ Other _____ <input type="checkbox"/> Furniture: Chair __ Dresser __ Other _____ <input type="checkbox"/> Decorations: _____ <input type="checkbox"/> Other: _____
I have concerns about my room, such as:	<input type="checkbox"/> It's too hot <input type="checkbox"/> It's too cold <input type="checkbox"/> It's too stuffy <input type="checkbox"/> It's too dry <input type="checkbox"/> It's too small <input type="checkbox"/> Other: _____

Name: _____

Dress	
<i>Check all that apply</i>	
What I like to wear:	<input type="checkbox"/> I always care about how I am dressed <input type="checkbox"/> I care when it is a special occasion <input type="checkbox"/> I'm not that concerned about how I dress <input type="checkbox"/> Other: _____
In getting dressed, I prefer:	<input type="checkbox"/> To dress myself <input type="checkbox"/> To have a caregiver dress me <input type="checkbox"/> To dress myself, with some assistance from a caregiver <input type="checkbox"/> Other: _____

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

Name: _____

Meals	
Food and snacks I like:	
Food I do not like:	
At meal times, I prefer to:	<input type="checkbox"/> Choose my own meals <input type="checkbox"/> Eat whatever is prepared for me by the facility
During meal time, I prefer to eat at/in:	<input type="checkbox"/> The dining area <input type="checkbox"/> My room <input type="checkbox"/> Common area <input type="checkbox"/> A friend's room <input type="checkbox"/> Other: _____

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

Name: _____

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

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

For additional information and resources, please visit www.nursinghome411.org.