

My Lifestyle

Complete your profile to assist your Caregivers by circling YES or NO and answering the questions where applicable

Name: _____
Address: _____
Phone #: _____
Emergency Contact: _____
Emergency Contact #: _____

More about me:

I like visitors or I prefer to be alone
I prefer being outdoors or inside
I have trouble hearing in noisy rooms Y/N

What is most important to me?

Morning

I wake up at ____ Breakfast time is ____
My typical breakfast includes:
coffee/tea/juice/other _____
cereal(hot/cold)/toast/bagel/other _____
eggs/bacon/sausage/other _____
orange/banana/berries/other _____
I take medication Y/N _____
I shower in the AM or PM
I need assistance with dressing
Bathing/washing my hair
I get dressed before/after breakfast
I read newspaper/watch TV
I listen to music radio/other
I make my own ben YES/NO

Other morning routine comments:



Mid-Day

Mid-Day meal time _____
My typical lunch includes:
coffee/tea/juice/other _____
Sandwich _____ Salad _____
Leftovers Y/N Dessert Y/N
Drive myself Y/N
I take medication Y/N _____

Activities:

Computer, Exercise, Clean House, Visitors,
TV, Radio, Shopping, Library, Walking
Visitors, Other _____

Daily

Desired house temperature _____
Pet Care: _____
Dr. Appointments: _____
Physical Therapy: _____
Use Cane Y/N
Use Walker Y/N
Use Wheelchair Y/N

Other mid-day routine comments:

Evening

Evening meal time _____
Large or Small meal
Typical evening meal: _____
I watch TV/Read
I like visitors Y/N
I take medication Y/N _____

Bedtime

Desired house temperature _____
Usual bedtime _____
Pj's or Nightgown
Night Lights Y/N
Light Snack Y/N _____
Water Y/N
Prayers Y/N
I take medication Y/N _____
Open Windows Y/N
Alarm/Life Line Y/N

Other eve/bedtime routines?

