# Resident Profile and Activity Information

**Applicant’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

What do you prefer to be called? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**DOB**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: M or F

Current Age: \_\_\_\_ Birthplace:\_\_\_\_\_\_\_\_\_\_\_\_ Are you a veteran? Y N Branch and Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Former Occupation(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years of School: \_\_\_\_\_\_\_\_\_\_Education level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What did you study? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ability to read: \_\_\_\_\_\_\_\_ Ability to write: \_\_\_\_\_\_\_\_\_\_ Ethnicity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Anniversary: \_\_\_\_\_\_\_\_\_\_\_ Honeymoon: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Was your spouse a veteran? Y N Branch and dates: \_\_\_\_\_\_\_\_\_\_\_

Where did you grow up? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Where did you raise your children? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many children do you have? \_\_\_\_\_\_ What are their names? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many grandchildren do you have? \_\_\_\_\_ Great-grandchildren? \_\_\_\_\_ Step-children? \_\_\_\_\_ Step-grandchildren? \_\_\_\_\_ Religious affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you still practice? Y N

Hand dominance: Left Right Do you require large font? Y N

Do you speak any other languages? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you still vote? Y N Do you need assistance? Y N

# Personal Information

Approximate time resident gets up in the morning? \_\_\_\_\_\_\_\_\_ Routine: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approximate time resident goes to bed at night? \_\_\_\_\_\_\_\_\_ Routine: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant (check all that apply):

 \_\_\_\_ Sleeps Through the Night \_\_\_\_ Awake Most of the Night

 \_\_\_\_ Wanders Around at Night \_\_\_\_ Becomes Aggressive at Night

Does the applicant smoke? \_\_\_ Yes \_\_\_ No Drink alcohol? \_\_\_ Yes \_\_\_No (# drinks/day:\_\_\_)

Do you have any significant memories of school age years? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any significant traumas or loss in earlier years? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any significant traumas or loss in later years? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Eyesight:** Applicant wears: \_\_\_ Eyeglasses at all times \_\_\_\_Eyeglass to read \_\_\_\_ Contacts Requires large print: \_\_\_\_Yes \_\_\_No Last eye appointment was: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hearing:** Applicant: is hard of hearing \_\_\_Yes \_\_\_No Has no difficulty hearing \_\_\_Yes \_\_\_No

Wears hearing aides: \_\_\_ Yes \_\_\_No Last professional ear cleaning was: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dentition:** Applicant: wears dentures or partial \_\_\_Yes \_\_\_ No If yes: \_\_\_ top \_\_\_ bottom

Has broken/decaying teeth \_\_\_ Yes \_\_\_ No Has difficulty chewing/swallowing \_\_\_ Yes \_\_\_ No Last dentist appointment was: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mental Status:** Applicant is: (N) Never (S) Sometime (A) Always

 \_\_\_\_ Confused \_\_\_\_ Disoriented \_\_\_\_ Forgetful \_\_\_ Aggressive

 \_\_\_\_ Depressed \_\_\_\_ Wanders \_\_\_\_ Agitated \_\_\_ Anxious

 \_\_\_\_ Physically Abusive \_\_\_\_ Verbally Abusive

**Behaviors:** Does the applicant sun down? \_\_\_ Yes \_\_\_ No If yes, what time? \_\_\_\_\_\_\_\_\_\_\_\_\_

What techniques work well for the applicant when frustrated/agitated? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the applicant have any prn (as needed) medications for agitation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the applicant see a gero psychiatrist? \_\_\_ Yes \_\_\_ No If yes, who: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last gero psychiatrist appointment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the applicant ever been admitted to a gero psych unit? \_\_\_ Yes \_\_\_ No When: \_\_\_\_\_\_\_\_\_\_

**Ambulation**

Applicant (check all that apply):

 \_\_\_\_ Is ambulatory \_\_\_\_ Uses Walker \_\_\_\_ Uses Cane \_\_\_\_Uses Wheelchair

 \_\_\_\_ Needs verbal cues to transfer from bed to chair

 \_\_\_\_ Needs physical assistance from one person to transfer from bed to chair

 \_\_\_\_ Needs physical assistance from two or more people to transfer from bed to chair

 \_\_\_\_ Needs supervision while ambulating

Has the applicant fallen in the past 90 days? \_\_\_ Yes \_\_\_ No If yes, how many times? \_\_\_\_\_\_\_\_

**Activities of Daily Living**

**Dressing and Undressing:** Applicant is Independent \_\_\_ Yes \_\_\_ No

Applicant requires (check all that apply):

 \_\_\_ Verbal Cues \_\_\_ Minimal Assist \_\_\_ Total Assist \_\_\_\_Reminders

**Incontinences:** Applicant:

 \_\_\_\_Is Continent \_\_\_\_ Is Seldom Incontinent \_\_\_\_ Is Incontinent at Night Only

 \_\_\_\_ Wears Pull Ups \_\_\_\_ Wears Pads \_\_\_\_ Is Incontinent Day and Night

 \_\_\_\_ Wears Pull Ups Only at Night \_\_\_\_ Wears Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Toileting:** Applicant is Independent \_\_\_ Yes \_\_\_ No Applicant requires (check all that apply):

 \_\_\_ Verbal Cues \_\_\_ Minimal Assist \_\_\_ Total Assist \_\_\_\_ Reminders \_\_\_ Reminders at Night Only \_\_\_ Staff Assist at Night Only

Overnight Use of Bathroom:\_\_\_\_Self \_\_\_\_Wake up Reminders \_\_\_Staff Assist

**Brushing Teeth:** Applicant is Independent \_\_\_ Yes \_\_\_ No Applicant requires (check all that apply):

 \_\_\_ Verbal Cues \_\_\_ Minimal Assist \_\_\_ Total Assist \_\_\_\_Reminders

**Medication:** Can Self-Administer \_\_\_ Yes \_\_\_ No Difficulty Swallowing Pills \_\_\_Yes \_\_\_No

Applicant requires (check all that apply):

\_\_\_ Verbal Cues \_\_\_ Crush Medication \_\_\_Meds in applesauce

Applicant requires use of an oxygen concentrator? \_\_\_ Yes \_\_\_No Portable tank \_\_\_Yes \_\_\_No

# Diet

Does the Applicant Eat Breakfast in the Morning? \_\_\_ Yes \_\_\_No Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Typical Breakfast: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the Applicant Eat Lunch in the Afternoon? \_\_\_ Yes \_\_\_ No Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Typical Lunch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the Applicant Eat Dinner in the Evening? \_\_\_ Yes \_\_\_ No Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Typical Dinner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Snacks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food Likes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food Dislikes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the Applicant have any food preferences (Religious or other): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the Applicant on a therapeutic diet (cardiac, low sodium, diabetic, etc) \_\_\_Yes \_\_\_No

Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Require assistance with feedings? \_\_\_\_Yes \_\_\_\_ No Thickened Beverages \_\_\_ Yes \_\_\_ No

Does the Applicant currently take a nutritional supplement (Ensure, Boost)? \_\_\_Yes \_\_\_ No

**Permission**

May we open/read mail for you? \_\_\_Y \_\_\_ N

May we put your name in our monthly newsletter? \_\_\_Y \_\_\_ N

May we take pictures to post on Harmony Home’s website and/or Facebook \_\_\_Y \_\_\_ N

May we invite family and friends to facility functions? \_\_\_Y \_\_\_ N

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Information provided by: Applicant \_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Comments

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# Interests/Hobbies

Circle anything that you are interested in *now*

Underline anything that you participated in *during your lifetime*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Games**BingoCheckersChessBackgammonScrabble\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Cards**BridgeGinUnoPokerRummySolitaire\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Pets**DogCatFishBirds\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Education**LecturesDocumentary\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Crafts**CeramicsCrochetingDoll makingHooking rugsKnittingNeedlepointScrap bookingStained glassWoodworkingEmbroideryQuilting\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Art**Oil paintingWatercolorsSculptureDrawingColoringChalks\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Sewing**MendingClothing\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Exercise**AerobicStretchingWalkingJoggingSwimming\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Gardening**FlowersVegetablesShrubsHouse plantsCactus\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Outing**BallgamesFishingMuseumsParksZoosShoppingVan ridesLunchLibrary\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Music**ClassicalCountryGospelJazzBig band30’s & 40’s50’s & 60’sRhythmRock & rollHeavy MetalRapEasy listening\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Puzzles**CrosswordJigsawWord searchWord scrambleSudoku\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Just for Fun**PartiesPicnicsPlaysMusic Programs | **Household**CleaningLaundryDish washingCookingBakingDecorating\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Sports**BaseballBasketballFootballBowlingFishingHuntingHockeyHorseshoesRing tossVolleyball\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Computer**GamesInternetFacebookEmail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Television**NewsSportsSoapsGame showsMoviesCartoonsComedyAdventureDramaOld TVReality TV\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Writing**PoetryLettersHaikuShort Stories\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Instruments**PianoHarmonicaGuitar\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Reading**FictionHistoricalNonfictionReligiousSci-fiWesternsMysteryNewspaperPoetryRomanceMagazinesBible\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Movies**ComedyDramaMusicalWesternsWarSci-fiDisney40’s &50’s\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Hobbies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Strengths: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Weaknesses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Miscellaneous**

How often does your family visit? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you like to celebrate your birthday? \_\_\_\_\_ How do you usually celebrate? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you like to celebrate holidays? \_\_\_\_\_\_ If so, which ones? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How often do want to see the hair dresser? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you like your hair to be done? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Usual level of social involvement (leader, joiner, loner, sociable, quiet, etc.)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you tend to initiate conversation with others? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How is your sense of humor? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you tend to express your feelings or hold them in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you prefer a small or large group of people during meals?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you prefer a small or large group of people during activities?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explain any pet peeves or causes of frustration \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explain any physical contact that makes you uncomfortable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explain any fears or causes of anxiety \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any activities that you dislike? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you or did you ever play an instrument? If so, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you like to sing? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you have a favorite color? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you enjoy the outdoors? \_\_\_\_\_\_\_\_\_\_ Do you like riding in a car? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a favorite season? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is there any type of weather you don’t like? \_\_\_\_\_\_\_\_\_\_\_\_

**What activities best promote your sense of purpose? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**