



## The Indiana Pressure Ulcer Quality Improvement Initiative

### Getting to Know You

**In order to provide individualized care that meets your loved one's needs, staff need to know who your loved one is as a person.**

**Complete the questions on the next few pages. Write down everything about your loved one that may help nursing home staff in caring for him or her. Don't be limited by the questions – add any other information that you think is important. The more staff know, the better care they can give!**

### THE FOLLOWING IS AN INTRODUCTION TO:

\_\_\_\_\_

**(Name of Resident)**

**BY**

\_\_\_\_\_

<b>Daily Routines</b>	
<b>Getting up/going to bed</b> When does the resident like to get up in the morning? How does he or she like to start the day? When does the resident like to go to bed? Are there any bedtime rituals she likes? Did the resident have a night job and usually sleep during the day?	
<b>Sleeping patterns</b> Does the resident usually sleep through the night? Are there certain times when she gets up at night? Is there anything that helps her go back to sleep? What helps her to have a good night's sleep (ex. a special pillow, listening to soft music, etc.)?	
<b>Toileting patterns</b> How often and when does the resident usually go to the bathroom? Does she usually get up during the night to go to the bathroom? If so, at about what time(s)?	

<p><b>Grooming/dressing habits</b>  <u>For women:</u> Does the resident like makeup to be put on? Does she like to have her hair curled? How often does she get her hair done? Does she like to have her fingernails or toenails polished? What does she like to wear?  <u>For men:</u> Does the resident like to be shaved every day?</p>	
<p><b>Typical day</b>  Describe what a day was like for the resident before she entered the nursing home. Include whether the resident likes to spend time with other people or prefers being alone and whether the resident likes lots of activity or peace and quiet.</p>	
<p><b>Interests/ Activities/Hobbies</b></p>	
<p><b>General Interests</b>  What did the resident enjoy doing the most in the past? What does the resident enjoy doing the most now?</p>	
<p><b>Sports</b>  What sports did or does the resident like to play? What sports does the resident enjoy watching on TV or listening to on the radio? Does he or she enjoy sports magazines? What are his/her favorite teams?</p>	
<p><b>Television</b>  If the resident enjoys watching TV, what are his/her favorite shows?</p>	
<p><b>Music</b>  What music does the resident like? Does she or he have a favorite singer or group? Does/did she or he play an instrument or like to sing?</p>	
<p><b>Reading</b>  Does the resident like to read? If so, what? Magazines? Books? Newspapers? Which ones? Would the resident enjoy books on tape?</p>	
<p><b>Children</b>  Does the resident enjoy being around children? If so, does she or he prefer younger or older children? What does she or he enjoy doing with children?</p>	

<p><b>Animals</b> Does the resident like animals? If so, what kind? Did the resident have pets prior to coming to the nursing home? If so, what were their names?</p>	
<p><b>Smoking</b> Does the resident like to smoke? How frequently? When?</p>	
<p><b>Emotional Needs</b></p>	
<p>What gives the resident pleasure or makes him or her happy?</p>	
<p>What is the resident proudest of (children? Work achievements? etc.)?</p>	
<p>What makes a good day for the resident?</p>	
<p>What makes the resident sad?</p>	
<p>What cheers the resident up?</p>	
<p>What makes the resident upset, angry or sets him or her off? What are the resident's pet peeves – things that really annoy him or her?</p>	
<p>What calms the resident down or comforts him when he or she becomes upset or angry?</p>	

<p>Has the resident experienced any traumatic events in his or her lifetime that you are aware of? If so, please describe? Are there things that trigger memories of this event?</p>	
<p><b>Religious Preferences/Spiritual Beliefs</b></p>	
<p>Is faith an important part of the resident's life? Is the resident affiliated with any particular religion?</p>	
<p>Describe the resident's participation/involvement in his/her faith (ex. does she or her like to attend services? Read the Bible on a regular basis? attend bible study groups, etc.)?</p>	
<p><b>Food/Beverages</b></p>	
<p><b>Likes/dislikes</b> What food and beverages does the resident prefer? What food/beverages does he or she dislike? What comfort food does the resident like?</p>	
<p><b>Snacks</b> What are his/her favorite snacks? When does the resident like to eat snacks?</p>	
<p><b>Dining patterns</b> Does the resident like to have a cup of coffee before breakfast? After dinner? Does the resident have any other dining pattern or habits?</p>	
<p><b>Family</b></p>	
<p><b>Parents</b> What were/are the names of the resident's parents? What were/are their occupations? Indicate whether they are deceased or living. Where did the family live when the resident was growing up?</p>	
<p><b>Siblings</b> How many brothers and sisters did/does the resident have? What were/are their names? Indicate whether they are living, deceased, etc. If living, where do they live?</p>	

<p><b>Children</b> Does the resident have children? If so, how many and what are their names? Are they still living or deceased? What are their ages? Does the resident have grandchildren? Provide information about them as well.</p>	
<p><b>Family Events/Stories</b> What major family events marked the resident's life? Are there any family stories that have been told over the years that would be important to the resident?</p>	
<p><b>Work History</b></p>	
<p>What was the resident's occupation? Where did the resident work? What did he or she do? What were some of the highlights of his/her career?</p>	
<p><b>Favorites</b></p>	
<p>What are the resident's favorite holidays?</p>	
<p>Favorite songs?</p>	
<p>Favorite movies?</p>	
<p>Favorite Actors/Actresses?</p>	
<p>Favorite colors?</p>	
<p>Other favorites?</p>	
<p><b>Other</b></p>	
<p>Is there anything else you would like to share about the resident?</p>	