

# Lifestyle and social history questionnaire

Surname: \_\_\_\_\_

Given name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

This form has been designed to help us better know those we serve. Knowing your life story helps us to understand and connect with you. This in turn can help us understand you, your preferred way of doing things and why you react to certain things that may happen. It also helps us know your identity, likes, dislikes and interests as well as the important people and life events that have helped shape who you are. This information will enable us to better tailor care to meet your individual needs. This is particularly important if you can no longer communicate what you need or prefer.

The information captured here will enhance the opportunity to build strong relationships through improving our understanding of you. It also provides a focus for communication and a resource for reminiscence. Reminiscence is an effective way we can support your sense of identity, reflect on your accomplishments and promote your self-esteem and sense of worth. This information will be helpful to develop your unique care plan.

What is your preferred name?

Do you have a nickname that you like or prefer people to use?

If so, what is your nickname and how did you get the nickname?

What languages have you spoken throughout your life?

What languages do you read, understand or speak now?

## Goals and hopes

Now:

Previously:

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D.O.B.: \_\_\_\_\_

## Childhood

Where were you born?

If you were born overseas, when and why did you / your family move to Australia?

What is your mother's name?

What is your father's name?

What is your family's cultural background?

Do you have  
brothers or sisters?

**Yes**

**No**

If so, what are their names?

Have you lost family members? *(please tell us which ones, if any, have passed away and when)*

**Yes**

**No**

Where did you live as a child?

Where did you go to school?

Were there any significant events or achievements in your childhood?

*Questionnaire continues on the next page*

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D.O.B.: \_\_\_\_\_

### Adult years

Have you been/are you married and/or had a partner?

If so, what is their name/s?

**Yes**      **No**

When and where did you meet them?

If you have been / are married, when and where did you get married?

Do you have children?

If so, what are their names?

**Yes**      **No**

Do you have grandchildren?

If so, what are their names?

**Yes**      **No**

Who is / has been your close friends or important people in your life?

Where have you lived?

Did you attend university, college or technical school? If so, what did you study?

**Yes**      **No**

What occupational or volunteer roles did / do you hold in life? *(what work did you do? Were you a stay at home mum/carer? Did you do war or community service?)*

What club affiliations did / do you have?

If you worked, when did you retire?

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D.O.B.: \_\_\_\_\_

What did you do during retirement?

Do you / did you enjoy travel?

If yes, where have you travelled?

Yes      No

What were the significant events or achievements in your adult years?

What were the hurdles or heartbreaks in your life? *(loss of employment, migration, disability, death of family/friend/pet etc?)*

### Personality, important values and beliefs

What is important to you?

How do you spend your days?

What brings you joy or happiness?

What makes you angry / sad? What strategies do you use to cope / what gives you comfort?

Is there anything you would like us to know about your routines, habits and preferences? *(you like to sleep in; you enjoy alcohol regularly or like a beer before dinner; you enjoy smoking or recreational drugs; you never leave home without lipstick on etc.)*

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What values and beliefs are / have been important to you?

Do / have you belonged to a faith community?

If so, which faith community do / did you belong to?

Yes

No

What faith / spiritual practices have you been involved in?

What traditions and cultural events do / did you celebrate?

Are / were there any political beliefs or associations that are important to you?

Is there anything you would like us to know about your sexuality?

How would you or your family / friends describe your personality? (*introvert, extrovert, calm in a crisis, a worrier, etc.*)

## Interests, hobbies and leisure activities

What creative activities or hobbies have you / do you enjoy? (*art, knitting, woodwork, etc.*)

What sports have you / do you play or enjoy watching? (*boxing, bowls, football, tennis, etc.*)

What are you favourite sporting team/s?

What social outings have you / do you enjoy? (*club, restaurants, theatre, cinema, etc.*)

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What music have you / do you enjoy listening to? *(residential services to also complete a personalised music collection form)*

Have you / do you play a musical instrument?

What TV shows and movies do you like to watch?  
*(specific TV shows and movies)*

What leisure activities have you / do you enjoy? *(picnics, walking, cards, reading, computer, etc.)*

What domestic duties have you / do you enjoy? *(cooking, gardening, cleaning, washing, DIY maintenance, etc.)*

Did / do you have any pets?

If so, what pets and what were their names?

**Yes**      **No**

Is there anything else that you would like to tell us?