

# Life Story Questionnaire

**Professional Care Partners:**

Use this questionnaire to learn about the clients you work with. Complete one questionnaire with each client and/or the client's loved ones. This great resource will provide you with helpful information as you get to know your clients and encourage their interests and abilities.

**Family Care Partners:**

Use this questionnaire to help others learn about your loved one. Complete this questionnaire with your family member or on her behalf. With this valuable tool in hand, everyone who cares for your loved one will have the information they need to engage her likes and interests.

## Background

Full name

---

Does your name have a special significance?

---

---

Do you have a nickname?

---

Where did your nickname come from?

---

Where were you born?

---

When were you born?

---

What was your father's name?

---

Please describe your father.

---

What was your mother's name?

---

Please describe your mother.

---

Do you have brothers and/or sisters?

---

If yes, please describe your siblings.

---

---

---

Did you know your grandparents?

---

If yes, please describe your grandparents.

---

---

---

Where did you grow up?

---

Please describe the house you lived in.

---

---

---

What was your neighborhood like?

---

---

---

Who were your neighbors?

---

---

---

What games did you play?

---

---

---

Are/were you married?

---

If yes, please describe your spouse.

---

---

---

Do you have children and grandchildren?

---

If yes, please describe your children and grandchildren.

---

---

---

## Daily Routine

What time do you like to get up in the morning?

---

Do you prefer to stay in your pajamas for a while?

---

Describe your routine after waking (e.g., brushing your teeth, doing your hair, dressing).

---

---

---

Do you prefer showers or baths?

---

At what time of day do you take a shower/bath?

---

Do you eat breakfast?

---

If yes, what do you like to eat for breakfast?

---

What's your typical lunch and afternoon routine?

---

---

---

Do you like to take naps?

---

Do you like a big meal at noon or in the evening?

---

Please describe your typical evening routine.

---

---

---

---

What time do you like to go to bed?

---

What hygiene products do you prefer?

---

---

## Education

Where did you go to school?

---

How did you get there?

---

What did you like about school?

---

---

---

*Also ask questions about high school and college, if appropriate.*

## Work

What was your first paid job?

---

What kind of job was it?

---

---

---

What were your duties/responsibilities?

---

---

---

What were your accomplishments?

---

---

---

## **Leisure**

What are your hobbies/interests?

---

---

---

What are your favorite movies/books?

---

---

---

Do you enjoy music? If yes, what kind?

---

---

---

Did you have pets? If so, what kind, and what were their names?

---

---

---

Are you afraid of or allergic to any pets?

---

---

---

Did you travel, and if so, where did you go?

---

---

---

What have been some special events in your life?

---

---

---

---

What's your favorite time of year?

---

Do you prefer solitary activities, small groups, or large groups?

---



## Religion/Faith

Did you attend a place of worship?

---

Did you have a role in the services? If so, please describe.

---

---

---

How did you spend your day of worship?

---

---

---

Do you have a prayer book?

---

## Emotional Needs

What makes you feel happy?

---

---

---

What makes you feel safe?

---

---

---

What makes you feel sad?

---

---

---

Is there anything that helps you alleviate this feeling?

---

---

---

What makes you feel anxious, angry, or frustrated?

---

---

---

Is there anything that helps you alleviate these feelings?

---

---

---

Please describe your bedroom at home.

---

---

Please describe the room in your home where you relaxed.

---

---

---

---

---

## **Additional Information**

Please note other important likes and interests.

---

---

---

---

---

---

---

---

---

---

---

---