New England Nursing Home Quality Care Collaborative
LIFE STORY QUESTIONNAIRE

Resident Name:	Age:	Select: ☐ Male ☐ Female
Marital Status:	Age widowed or divorced:	Length of time he/she has been single:
Date of Admission to Nursing Home:	Where did Resident live just prior to moving into your nursing home?	

Support System - Please list children, niece/nephew, friends, other relatives that visit or are involved.

Problem with Supports (e.g., an estranged child or spouse)?

Physical limitations:

☐ Ambulatory
☐ Bed bound
☐ Wheelchair bound
☐ Uses Walker and CG
☐ Able to move about the nursing home in the wheelchair or with walker
☐ Other: _____

ADLs: What can resident do for self-care? (Dress, bathe, toilet, transfer, etc.)

Vision Issues:	Hearing Issues:	Nutritional Status:

Weight on Admission:_____	Current Weight:_____

Can resident talk? Is talk coherent?

How does resident make his/her needs known?

Rooming Situation: Single Room? Roommate? Problem(s) with Roommate?

Work History:	Hobbies: (from early in life to present)
Favorite Pets:	History of interest in music or singing:

Is there documentation in record of interview with any family members? If so what are the key points they brought up in terms of his/her history? *[If no documentation of interview with family members – do an interview to gain information on resident.]*

Activities the resident is participating in:

Is there interest in Personal Care? (e.g., hair, nails, appearance)

Does resident have any diagnoses that can cause pain?	Does resident experience pain at any level?

Current Behaviors that are not "normal behaviors" (e.g., pacing, repetitive calling out, aggressive hitting, refusing a bath at times, spitting, swearing, twitching, - things you might say "she always does that").

Things that are known to "set him/her off"

1. 4.
2. 5.
3. 6.

Key Diagnoses: (e.g., diabetes, mild **dementia, CHF, COPD)**	Date first put onto antipsychotic medication: (if known, or else "long term treatment")

Name of Antipsychotic Medication	**Dose**	**Time**
Med 1:		
Med 2:		
Med 3:		

Current list of interventions from Care Plan (or Tip Sheet) that are to be used to help resident when resident exhibits unwanted behaviors: (**Positive Alternative Activities)**

1. 5.
2. 6.
3. 7.
4. 8.

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