

Who I Am, Resident-Centered Care Tool

Questions to be considered when obtaining information for the Person-Centered Care Tool.

Who I Am:

- Where are you from?
- Who are the most important people in your life?
- What is the most important thing you have done in your life?

My Medical Conditions

Consider adding diagnoses that are pertinent to Certified Nurse Assistants (CNAs) and the care they provide.

- Dementia
- Diabetes
- Blood thinners
- Osteoporosis
- Extreme Dry/fragile skin

Activities of Daily Living: What I Can Do

Mobility:

- Do you need help getting in and out of bed?
- Do you need help walking?

Personal Care:

- Do you need help feeding yourself?
- Do you need help getting dressed?
- Do you need help with bathing?
- Do you need help combing your hair?
- Do you need help cleaning your teeth?
- Do you need help shaving?
- What personal item do you like to wear daily to make you feel special or comfortable?

Meal/Food/Drink Preferences

- Where do you prefer to eat your meals?
- Do you like to eat your meals with anyone special?
- What are your comfort foods?
- How would you like to be dressed during meal times?

My Preferred Routine/Sleep

- What time do you go to bed?
- What time do you get up in the morning?
- Do you take naps?
- What helps you sleep comfortably?

My Religious/Spiritual Preferences

- My religion/spiritual preference is _____
- My religious/spiritual practices are (such as partaking of communion, quiet time for prayer/meditation, ritual practices, etc.)
- I like to celebrate _____ religious holidays

Activities/Socialization I Enjoy

- Activities:
 - History of activity preferences. How they like doing activities? Socially? Loner? Did they volunteer? Pets? Names? Television/Movie preferences? Music preferences?
- Hobbies
 - Activities or Hobbies I liked to do by myself?
 - Activities or Hobbies I liked to do with others?
 - (Examples—gardening, reading, cooking, baking, shopping, crafts, drawing, crossword puzzles, sports, play bingo, dancing, etc.)
- Music
 - I like music—Yes/No?
 - When do I like to listen to music? How frequently (Throughout the day, every morning, every night, when I am in bed, when I am in a car, when I go to church, etc.)
 - My favorite music is?
 - My favorite band is?
 - My favorite singer is?
 - My favorite song is?
 - Songs that have significance to me?
 - Will I wear a headphone or prefer a radio at bedside?
- Books
 - I like to read. Yes/No?
 - I like someone to read to me. Yes/No?
 - How often do I read or want someone to read to me? (daily, what time of day; occasionally, when and how often)
 - Where do I like to read or have someone read to me? (In bed, on porch, on couch, favorite chair)
 - I like reading magazines. Yes/No?
 - What kind? (People, Good Housekeeping, Time, Redbook, Gardening, Health, Popular Science, etc.)
 - I like reading the newspaper. Yes/No?
 - What newspaper? I read the whole thing or only sections?
 - I like reading the bible or other religious book(s). Yes/No?
 - I like reading books. Yes/No?
 - What type of books? (mystery, western, romance, suspense, judicial, etc.)
 - I prefer fiction or non-fiction?
- TV Shows/Movies
 - I like to watch TV shows/movies. Yes/No?
 - I like to watch TV while in bed?
 - I like to watch TV with others?
 - The TV show(s) I have to watch every day are _____.
 - The TV shows(s) I have to watch weekly are _____.
 - The TV show(s) I have to watch every time they come on are _____.

- (Examples: sports, daytime talk shows, court shows, politics, news, westerns, soap operas, game shows, award shows, reality TV, home and gardening, fitness, etc.)
- My favorite movie is?
- My favorite actor is?
- Life's Simple Pleasures
 - What do I need every day to brighten my day?
 - (Examples: specific food items, any of the activities listed above, calling a loved one, eating breakfast in bed, a shower, a walk outside, cup of coffee before getting dressed, etc.)

If I am Feeling

Consider including things that may worry or upset the resident: Include anything they may find troubling, family or physical needs such as being in pain, constipated, thirsty or hungry. List environmental factors that may also make them feel anxious. e.g. doors, loud voices, the dark, animals.

If I am feeling;

- Sad; _____(Please call my family, show me pictures of my youth, etc.)
- Happy, Rejoice with me or _____--
- Scared Hold my hand, pray with me, play religious music for me
- Angry, leave me alone, tell me this is not good
- Anxious;
- If I am Crying, Please _____
- If I hit you or push you away, _____
- I like to be touched or I do not like close contact
- I like alone time

Additional information you should know about me.

- Trips I have taken
- Any extra information the resident offers or is important to them.