TSOLife Resident Profile

Name _____

Apt.# _____ **Care Level:**_____ **Move-in Date** _____

Completed by_____ **Date** _____

THE BASICS

Do you have a nickname? _____

What is your birth date? _____

Where were you born? _____

What is your primary language? _____

Do you speak any other languages? _____

What are some things you want others to know about you? _____

_____

_____

_____

What are your favorite memories from your childhood? _____

_____

_____

_____

What places did you live throughout your life? What were they like? _____

_____

_____

FAMILY

What is your marital status? _____

Spouse/Partner's Name: _____

Anniversary: _____

How did you meet? _____

Do you have any children? _____

EDUCATION

What is the highest level of education you have achieved? _____

What school(s) or college(s) did you attend? _____

_____

What degrees or certifications did you achieve? _____

_____

CAREER & MILITARY SERVICE

Were you in the military? _____

If yes:

What years did you serve? _____

What was your highest rank? _____

Did you serve during any wars? _____

Have you received any awards or recognition? _____

_____

What places were you stationed? _____

_____

What did you do for work? (Companies, Years of service, Year retired) _____

_____

_____

_____

HOBBIES & INTERESTS

What kinds of hobbies or interests do you have? Please detail here. _____

_____

_____

_____

_____

What time of day do you prefer to participate in community events? _____

Between these four options, what is your preferred activity setting?

(Circle all that apply)

- Individual
- Small Group
- Larger Group
- External, spending time out in the community

Are there settings in which you don't like to participate from the four options? (Circle all that apply)

- Individual
- Small Group
- Larger Group
- External, spending time out in the community

Circle the number that best reflects your experience:

	Do not agree at all				Agree Completely
I am satisfied with my leisure time.	0	1	2	3	4
My leisure time is important to my quality of life.	0	1	2	3	4

Do you enjoy board games or card games? If yes, which ones? _____

_____

_____

Are you a member of any clubs? If yes, please list. _____

_____

What kinds of physical activities do you like to do now? _____

_____

Do you enjoy watching sports? If yes, what are your favorite sports/sports teams?

_____

_____

Do you like movies or television? If yes, what are your favorite movies/TV shows?

_____

_____

_____

_____

Creativity/Arts

Circle the number that best reflects your experience:

	Do not agree at all				Agree Completely
I am satisfied with my opportunities to be creative.	0	1	2	3	4
Being creative is important to my quality of life.	0	1	2	3	4

Are you interested in any arts? If yes, please list. _____

_____

Do you have any musical interests? If yes, please list. _____

_____

Do you play an instrument? If yes, please list. _____

What is your favorite kind of music? _____

Learning

Circle the number that best reflects your experience:

	Do not agree at all				Agree Completely
I am satisfied with my learning opportunities.	0	1	2	3	4
Learning and having the opportunity to learn is important to my quality of life.	0	1	2	3	4

What do you enjoy studying or what would you like to learn about? _____

_____

Do you like to read? If yes, list your favorite reading materials, genres, and author(s).

_____

Are there any activities we could offer that we don't currently have that you would be interested in? _____

_____

What technologies do you use? _____

Are you interested in learning new technologies? _____

How do you prefer to be communicated with (phone call, email, text message)?

_____

FAITH & RELIGION

Do you consider yourself a religious person? What denomination? _____

_____

What kinds of personal faith activities do you enjoy? _____

_____

What could we provide to support your spiritual journey? _____

_____

_____

VALUES

What do you find fulfilling or gives you a sense of purpose? _____

_____

Circle the number that best reflects your experience:

	Do not agree at all				Agree Completely
I am satisfied with myself as a person.	0	1	2	3	4
My satisfaction with myself as a person is important for my quality of life.	0	1	2	3	4

LOOKING BACK & WITHIN

What are you most proud of in life? _____

_____

What are some places you've traveled? _____

_____

What advice would you give your younger self? _____

_____

_____

Circle the number that best reflects your experience:

	Do not agree at all				Agree Completely
I am satisfied with how I view my life.	0	1	2	3	4
How I view my life is important for my quality of life.	0	1	2	3	4

PERSONAL CARE ROUTINES

Do you prefer any of the following:

- ☐ Makeup
- ☐ Pedicures
- ☐ Manicures
- ☐ Hair Salon

Is there anything we can help you with to keep you comfortable? _____

_____

What calms you and/or reassures you in times of stress? _____

_____

Do you feel safe from harm? _____

Are there any specific triggers for you that can affect mood or behavior changes? _____

_____

DINING

What is your usual dining routine? (meal times, take meals in the dining room or apartment, etc). _____

Do you always have enough food? _____

What is your favorite food? _____

What do you typically eat for breakfast? _____

What do you typically eat for lunch? _____

What do you typically eat for dinner? _____

What snacks do you enjoy? _____

What foods do you typically avoid? _____

Do you like to cook? _____

OTHER LIKES & DISLIKES, THINGS TO NOTE

Do you drive? _____

Is lack of reliable transportation currently keeping you from medical appointments or getting things needed for daily living? _____

Have you ever won an award/received an achievement of note? _____

_____

Do you have any pets? If yes, name(s)/type(s) of pet: _____

_____

Are there any animals that you're afraid of? _____

Why did you choose to start looking for a community? _____

_____

_____

Why did you choose to move into this community specifically? _____

_____

_____

What can we do to make the transition easier for you? _____

_____

Where did you move from? Zip code? _____

Did you rent or own your last home? _____

Are you worried about losing your housing? _____

FRIENDSHIPS

If someone wanted to get to know you and become a friend, what would be the best way? _____

_____

_____

Have you made any new friends in the community? If yes, who? _____

_____

Circle the number that best reflects your experience:

	Do not agree at all				Agree Completely
I am satisfied with my friendships.	0	1	2	3	4
Friends and friendships are important to my quality of life.	0	1	2	3	4

HIGH-LEVEL HEALTH

In general, how would you rate your quality of life? Please select one.

- ○ Very poor
- ○ Poor
- ○ Neither poor nor good
- ○ Good
- ○ Very good

What are some of the things you do to feel healthy? _____

_____

In general, how would you rate your health? Please select one.

- ○ Excellent
- ○ Very good
- ○ Good
- ○ Fair
- ○ Poor