



THE BASICS

Please complete and give to your caregiver.

My Name:

How I like to be addressed:

Names of those who live with me:

_____ Relationship_____

_____ Relationship_____

Pets who live with me:

Name: _____ Type of pet: _____

Name: _____ Type of pet: _____

Name: _____ Type of pet: _____

MY DAY

Usually, this is how my day is spent:

	WEEKDAY	WEEKEND
6:00-7:00 A.M.		
7:00-8:00 A.M.		
8:00-9:00 A.M.		
9:00-10:00 A.M.		
10:00-11:00 A.M.		
11:00-12:00 noon		
Noon-1:00 P.M.		
1:00-2:00 P.M.		
2:00-3:00 P.M.		
3:00-4:00 P.M.		
4:00-5:00 P.M.		
5:00-6:00 P.M.		
6:00-7:00 P.M.		
7:00-8:00 P.M.		
8:00-9:00 P.M.		
9:00-10:00 P.M.		
10:00-11:00 P.M.		

MEALS

	BREAKFAST	LUNCH	DINNER
Usual mealtime			
My usual meal			
Foods I don't like or can't eat			
Where I like to eat			
Snacks I enjoy			
What I like to do after a meal			

I am allowed to have alcohol (beer, wine, liquor):

Yes _____ **How much?** _____ **No** _____

BEDTIME

The time I usually go to bed: _____

What I normally do before I go to bed: _____

Things I may need help with include: _____
