

## LIFESTYLE ASSESSMENT

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

### INTRODUCTION:

We are committed to providing the optimal level possible of care and services to you. We believe each of our clients are unique and valuable. By filling out the following assessment it will help us to see you as an individual who belongs to a family, friendship groups and community. If you are unable to complete this document then we would ask that you choose a close family member or friend to assist.

If a family member or friend is completing this on your behalf we ask that they share as much information as possible and concentrate on what you have done or are interested in through the majority of your life not just what you are interested in or do now.

You will note that some of the questions are personal in nature. Therefore we ask that you only answer those questions with which you feel comfortable and are able to do so.

Why do we complete this assessment?

- To enable the service staff to provide holistic and individual care based on your individual needs and preferences;
- To assist staff in identifying and rekindling past pleasurable activities which might still be within your capabilities;
- To get to know and understand you better.

### PERSONAL DETAILS:

#### ABOUT YOU:

Preferred name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Where did you grow up? \_\_\_\_\_

Is there a particular cultural group that you belong to? \_\_\_\_\_

Is English your first language? Yes No Can you read and write English? Yes No

If no, what language did you speak in childhood? \_\_\_\_\_

Do you speak any other languages? \_\_\_\_\_

Where did you go to school? \_\_\_\_\_

What level of education did you reach? Primary Secondary Tertiary

What did you do for work? \_\_\_\_\_

What area or city would you call home? \_\_\_\_\_

Did you play or were you involved in any sports? \_\_\_\_\_

Are there any awards or achievements that you are particularly proud of?

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Did you serve in any of the Armed Services?  Yes  No

Are you comfortable talking about your Service?  Yes  No

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Do you wish to celebrate Anzac Day?    Yes    No

Travel experiences:

How did you spend retirement?

Has there been anything in your life that has caused you upset and that you are sensitive about?  
(Wars, death of loved one, estrangement of family, etc.)

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How does this affect  
you? \_\_\_\_\_

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\_\_\_\_Are you on the electoral roll?

Do you wish to be removed?\_\_

Do you use a computer/tablet? Yes    No

Do you use an eReader or Kindle?

Do you use a mobile phone?

Do you need assistance for your phone/devices?

Do you belong to any community service clubs e.g. Rotary, Zonta or Lions? \_\_\_\_\_

Do you belong to any volunteer organisations such as CES, Rural Fire Brigade, CWA or St Johns?

Do you wish to continue community involvement? \_\_\_\_\_

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**ANIMALS:**

Do you have a favourite animal?

\_\_\_\_\_

Names of past animals:

\_\_\_\_\_

Do you still have a pet?

\_\_\_\_\_

Can we assist with visiting animals? \_\_\_\_\_

Do you enjoy patting animals (e.g. cat, dog)? \_\_\_\_\_

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**ABOUT YOUR PARTNER:**

Spouse/partner: \_\_\_\_\_

How long have you been or were you together?:

\_\_\_\_\_

Where do they live? \_\_\_\_\_

Can we assist you with visiting? \_\_\_\_\_

If they have passed away can we assist you with commemorating their life? \_\_\_\_\_

Do you wish to visit their resting place? \_\_\_\_\_

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**FAMILY AND PERSONAL CONTACTS:****PARENTS AND SIBLINGS:**

Father's name: \_\_\_\_\_ Mother's name: \_\_\_\_\_

Sibling's name/s: \_\_\_\_\_

Were/are you close? \_\_\_\_\_

Are you still in contact? \_\_\_\_\_

**CHILDREN**

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NAMES \_\_\_\_\_

Where do they live? \_\_\_\_\_

Are you close? \_\_\_\_\_

Are you in regular contact? \_\_\_\_\_

**GRANDCHILDREN/GREAT GRANDCHILDREN:**

Names : \_\_\_\_\_

Are you close? \_\_\_\_\_

Are you in regular contact? \_\_\_\_\_

**CLOSE NEIGHBOURS AND FRIENDS:**

Names of any special friends/neighbours: \_\_\_\_\_

Are you close and/or still in contact with them? : \_\_\_\_\_

How can we assist you to maintain any of these relationships? \_\_\_\_\_

Do you enjoy any of the following activities?

**Music:** I do not like music at all

What kind of music do you like? \_\_\_\_\_

What are your favourite songs? \_\_\_\_\_

Who are your favourite singers/bands? \_\_\_\_\_

Do you like singing?  Yes  No

Have you ever been in a choir?  Yes  No

Have you had any experience of playing any instrument/instruments?  Yes  No

If yes, what instruments did you/do you play? \_\_\_\_\_

Do you have any other musical experience? \_\_\_\_\_

**Reading:** Small Print  Large Print  Talking Books  Nil  Other: \_\_\_\_\_

**Watching T.V.:** Favourite Channel \_\_\_\_\_ Documentary  New serial  Sports

(Any special programs): \_\_\_\_\_

**Listening to the radio** (Any particular station) \_\_\_\_\_

**Writing:**  Details: \_\_\_\_\_

The following is a list of some of the choices that may be available or we can assist you to participate in.

Please tick the areas that interest you. You do not have had to have done them before.

<input type="checkbox"/> Bus trips	<input type="checkbox"/> Picnics	<input type="checkbox"/> Shopping	<input type="checkbox"/> Restaurants	<input type="checkbox"/> Coffee & cake	<input type="checkbox"/> Cricket
<input type="checkbox"/> Men's sheds	<input type="checkbox"/> Gardening	<input type="checkbox"/> BBQ's	<input type="checkbox"/> Horseracing	<input type="checkbox"/> Football	<input type="checkbox"/> Soccer
<input type="checkbox"/> Clubs/Pubs	<input type="checkbox"/> Galleries	<input type="checkbox"/> Boats	<input type="checkbox"/> Sailing	<input type="checkbox"/> Golf	<input type="checkbox"/> Knitting
<input type="checkbox"/> Crafts	<input type="checkbox"/> Concerts	<input type="checkbox"/> Drawing	<input type="checkbox"/> Mechanics	<input type="checkbox"/> Painting	<input type="checkbox"/> Gym
<input type="checkbox"/> Cooking	<input type="checkbox"/> Woodworking	<input type="checkbox"/> Games	<input type="checkbox"/> Cards	<input type="checkbox"/> Swimming	<input type="checkbox"/> Yoga/Tai chi
<input type="checkbox"/> Fishing	<input type="checkbox"/> Dancing	<input type="checkbox"/> Tennis	<input type="checkbox"/> Sewing	<input type="checkbox"/> Golf	<input type="checkbox"/> Cars

Please tell us of anything that interests you \_\_\_\_\_

Do you go to any special club or location to pursue these? \_\_\_\_\_

#### BEAUTY CARE:

Do you enjoy visiting the hairdresser/barber?

\_\_\_\_\_

How often do you go? \_\_\_\_\_

#### CULTURAL AND SPIRITUAL ACTIVITIES:

Religion: \_\_\_\_\_

Is religion important to you:

\_\_\_\_\_

Do you like going to church:  Yes  No

Taking communion:  Yes  No

Name of usual minister/priest? \_\_\_\_\_

Do you wish to maintain contact with this minister/priest? \_\_\_\_\_

What can we do to assist you?

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Do you have any religious icons? (Rosary beads, statues, medals etc.) Provide details:

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List any specific religious practices that you observe.

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Are there certain activities that allow you to express your spirituality or sense of inner peace and well being (e.g. meditation, stroll in the garden etc.)? \_\_\_\_\_

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Do you like to celebrate any special occasions?

- Your birthday       Easter       Christmas  
 Mother's Day       Father's Day       Anzac Day  
 Australia Day     Other: \_\_\_\_\_

Are there any special foods or drinks associated with your religion or culture?

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**HABITS/PERSONAL PREFERENCES:**

What are your favourite foods? \_\_\_\_\_

What is your favourite drink? \_\_\_\_\_

Do you enjoy an alcoholic drink?  Yes  No If you do what is your preference?

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Favourite colour/s: \_\_\_\_\_ Favourite aromas:

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Is there ONE thing that makes you sad?

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Is there ONE thing that makes you happy?

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Likes: \_\_\_\_\_

Dislikes: \_\_\_\_\_

Do you enjoy the company of others?

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Do you prefer your own company?

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Do you like groups and your own company?

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Are there any personal preferences that we should know about to make you feel safe, comfortable and happy as possible:

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Is there anything else that you would like us to know?

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*We thank you for providing this information to us.*

*As stated above, this information will remain confidential to staff who are actively involving in planning and providing care to you.*

**THIS QUESTIONNAIRE HAS BEEN COMPLETED BY:**

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OR family member/s/representative

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Relationship to client: \_\_\_\_\_ Date: \_\_\_\_\_