



The goal is for you and your loved ones to receive quality care and a continued quality of life experience. Advocacy is an essential step in quality of care. It is key that you have a voice in how you or your loved one communicates how care needs are met. Please answer each question as candidly as possible so that all caregivers may learn about traditions, routine, preference, and values so they can understand what has been important to you or your loved one.

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

Date: \_\_\_\_\_

Significant people in my life (current and past, family/friends):

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What does a good day look like for you:

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Work and military history:

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Traumatic experiences/significant life events:

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Daily routine before dementia (eating, sleeping, bathing habits, preferred physical activities, etc.):

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Things or people that bring me joy (types of music, food, hobbies, etc.):

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Things or people that are upsetting to me:

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Are there people you do not want to visit with you or only want them to visit if it is supervised? If supervised and there is a problem, do you want caregivers to ask that person to leave or do you prefer to end all visits?

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Are there sensory stimuli (visual, touch, taste, sound, smell, temperature, etc.) that can contribute to negative responses:

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Are there sensory stimuli (visual, touch, taste, sound, smell, temperature, etc.) that can contribute to positive responses or people, animals, music that helps calm you down:

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Health concerns others should be aware of (for example chronic pain, chronic infections, other chronic health conditions, or undiagnosed mental health):

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How do you communicate (bilingual, written, verbal, using technology, non-verbally, etc.):

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Other (volunteer experience, previous living experience, spiritual history, other important things):

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**\*Fillable version available at <https://www.inclusa.org/providers/resources/dementia-care-resources/>**

**\*We encourage keeping this document easily accessible by caregivers.**