

## Generations Senior Living Resident Interest Profile

**RESIDENT NAME** \_\_\_\_\_ **NICK NAME** \_\_\_\_\_ **APT#** \_\_\_\_\_

**DOB** \_\_\_\_\_ **AGE** \_\_\_\_\_ **PLACE OF BIRTH** \_\_\_\_\_

**MARITAL STATUS**     Married     Widowed     Single     Divorced    How many years married? \_\_\_\_\_  
 Spouse's Name \_\_\_\_\_ Spouse's Occupation \_\_\_\_\_

**FAMILY INFORMATION**    Do you have children?     Yes     No    How many? \_\_\_\_\_  
 Do you have grandchildren?     Yes     No    How many? \_\_\_\_\_

**RELIGION** \_\_\_\_\_ **CURRENT CHURCH/PARISH** \_\_\_\_\_

**OCCUPATION**    Did you work outside of the home?     Yes     No    Occupation \_\_\_\_\_  
 Did you or are you currently volunteering?     Yes     No    \_\_\_\_\_  
 List Organizations / Clubs \_\_\_\_\_

**VETEREN STATUS**    Did you or your spouse serve in the armed forces?     Yes     No  
 If so, which branch? \_\_\_\_\_

**VOTING STATUS**    Are you a registered voter?     Yes     No  
 Would you like to become a registered voter in our district?     Yes     No  
 Do you prefer absentee ballot or voting booth? \_\_\_\_\_

<p><b>SOCIAL PREFERENCES</b></p> <input type="checkbox"/> To Be Alone <input type="checkbox"/> One on One <input type="checkbox"/> Small Group <input type="checkbox"/> Large Group <input type="checkbox"/> Very Social	<p><b>LIMITATIONS</b></p> <input type="checkbox"/> Speech <input type="checkbox"/> Mobility <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Physical <input type="checkbox"/> Mental
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### ACTIVITIES OF INTEREST

**ARTS, MUSIC & TECHNOLOGY**

 Painting                                     Reading – What type of books? \_\_\_\_\_  
 Drawing                                         Watching Television – Favorite TV Shows \_\_\_\_\_  
 Do you play musical Instrument?    Type \_\_\_\_\_  
 What type of music do you like to listen to? \_\_\_\_\_  
 Do you use a computer?                  What type of technology do you use? \_\_\_\_\_

<p><b>SPORTS</b></p> <input type="checkbox"/> Football <input type="checkbox"/> Baseball <input type="checkbox"/> Basketball <input type="checkbox"/> Soccer <input type="checkbox"/> Hockey <input type="checkbox"/> Golf <input type="checkbox"/> Favorite Teams _____ _____	<p><b>RELIGIOUS SERVICES</b></p> <input type="checkbox"/> Non-Denominational <input type="checkbox"/> Catholic Mass <input type="checkbox"/> Catholic Communion <input type="checkbox"/> Bible Study <input type="checkbox"/> Rosary <input type="checkbox"/> Hymns <input type="checkbox"/> Other _____	<p><b>PHYSICAL ACTIVITY</b></p> <input type="checkbox"/> Walking <input type="checkbox"/> Exercise <input type="checkbox"/> Swimming <input type="checkbox"/> Bowling <input type="checkbox"/> Golf <input type="checkbox"/> Gardening <input type="checkbox"/> Dancing <input type="checkbox"/> Other _____	<p><b>CRAFTS</b></p> <input type="checkbox"/> Sewing <input type="checkbox"/> Knitting <input type="checkbox"/> Crocheting <input type="checkbox"/> Embroidery <input type="checkbox"/> Needlepoint <input type="checkbox"/> Woodworking <input type="checkbox"/> Other _____
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Community Representative: \_\_\_\_\_ Date: \_\_\_\_\_

ACTIVITY INTEREST ASSESSMENT

What are some of the significant events in your life, for good or bad? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any accomplishments you would like to share? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any times of the year you are feeling low, or under the weather? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you do much traveling? If so, where and what are your favorite places? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any other interests/hobbies you would like to tell us about? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there particular foods / beverages that you really like or dislike? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything we can do to make your days more interesting or enjoyable? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A DAY IN THE LIFE: Give us an example of what a typical 24 hour day is like for you

MORNING	
NOON / AFTERNOON	
EVENING	
BEDTIME	

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_