WISE. HEARTFELT. CARING.

SAGE Life Story & Meaningful Engagement Assessment

Purpose

This assessment helps our team learn about the person behind the diagnosis so we can provide personalized, dignified, and meaningful care. Complete it with the client whenever possible. Family members are encouraged to assist.

Background

Preferred Name:

_____

Does your name have a special meaning or story?

_____

Do you have a nickname? If so, how did you get it?

_____

Where were you born?

_____

When were you born?

_____

Family & Childhood

Tell us about your father.

_____

Tell us about your mother.

_____

Did you have brothers or sisters? Please describe them.

_____

_____

_____

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What do you remember about your grandparents?

_____

Where did you grow up?

_____

What was your childhood home like?

_____

_____

What was your neighborhood like?

_____

_____

What games or activities did you enjoy as a child?

_____

Are or were you married? Tell us about your spouse.

_____

_____

Tell us about your children and grandchildren.

_____

_____

Daily Routine

What time do you like to wake up?

_____

Do you like to stay in your pajamas for a while?

_____

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What is your typical morning routine?

_____

_____

_____

Do you prefer a shower or bath?

_____

What time of day do you prefer bathing?

_____

What do you enjoy for breakfast?

_____

_____

_____

What does a typical afternoon look like?

_____

_____

_____

Do you enjoy naps?

_____

Do you prefer your largest meal at lunch or dinner?

_____

What does your evening routine usually include?

_____

_____

_____

What time do you usually go to bed?

_____

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Are there hygiene products you especially like?

_____

_____

_____

Education & Work

Where did you attend school?

_____

_____

What did you enjoy most about school?

_____

_____

What was your first job?

_____

What kind of work did you do throughout your career?

_____

_____

_____

What accomplishments are you most proud of?

_____

_____

_____

Leisure & Interests

What hobbies or interests have you enjoyed?

_____

_____

_____

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Favorite books, movies, or television shows?

_____

_____

_____

What music do you enjoy?

_____

_____

_____

Did you have pets?

_____

_____

Did you enjoy traveling? Where?

_____

_____

_____

What are some of the most memorable events in your life?

_____

_____

_____

What is your favorite season?

_____

Do you enjoy spending time alone, with a few people, or in larger groups?

_____

_____

_____

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Faith & Personal Values

Did faith or religion play an important role in your life?

_____

_____

Did you attend a place of worship?

_____

_____

Were you involved in any religious activities?

_____

_____

Do you have favorite prayers, hymns, or spiritual traditions?

_____

_____

_____

Emotional Wellbeing

What kinds of things usually bring you joy?

_____

_____

_____

What helps you feel safe and comfortable?

_____

_____

_____

What situations tend to make you sad?

_____

_____

_____

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What helps when you are feeling sad?

_____

_____

_____

What situations make you anxious, frustrated, or upset?

_____

_____

_____

What usually helps calm those feelings?

_____

_____

_____

Home & Comfort

Please describe your bedroom at home.

_____

_____

_____

Tell us about your favorite room in the house.

_____

_____

_____

What are some of your favorite things to do at home?

_____

_____

_____

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Additional Information

Are there favorite foods, traditions, holidays, or routines we should know about?

_____

_____

_____

Is there anything else you would like our care team to know that would help us provide exceptional care?

_____

_____

_____

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