

# Enhanced Quality of Life Questionnaire

Knowing personal history and honoring a long-held daily schedule can be tremendous to those whose memory may be waning. It ensures that those interacting and caring for them understand those things that bring them joy, peace and help them to feel validated and valued. This form can be completed by the individual directly and/or with help or by someone else who is familiar with the individual's personal history and schedule.

It is important to note that one should try to provide information that showcases how the person was prior to the onset of the disease. Typical symptoms of memory loss result in increased social isolation, lack of initiative, inability to plan, etc. as result today they sleep late into the day and be up more at night, but historically this was not their norm. By helping them get back on their normal schedule it can result in better mood, better recall and higher quality of life. In addition, today the individual may not be able to play Bridge, but with the proper supports and adaptations this joy could be regained.

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

I grew up: \_\_\_\_\_

Most recently I lived: \_\_\_\_\_

What brings me joy: \_\_\_\_\_

I love to talk about: \_\_\_\_\_

I am proud of: \_\_\_\_\_

The best way to spend the day would be: \_\_\_\_\_

I wake up at: \_\_\_\_\_ My morning ritual is: \_\_\_\_\_

My favorite beverage is: \_\_\_\_\_

Things I like to eat: \_\_\_\_\_

Items I do NOT like to eat or drink: \_\_\_\_\_

During the day I like to spend my time: \_\_\_\_\_

I like to wear: \_\_\_\_\_

My favorite color is: \_\_\_\_\_

**Enhanced Quality of Life Questionnaire**

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

I prefer to \_\_\_ Shower \_\_\_ Bathe \_\_\_ Sponge Bath      How often? \_\_\_\_\_

There are certain things I need to make my shower/bath successful: \_\_\_\_\_

I like to go to bed at: \_\_\_\_\_ My nighttime routine is: \_\_\_\_\_

I am \_\_\_ Right-handed \_\_\_ Left-handed      I speak a Foreign Language: \_\_\_ Yes \_\_\_ No

I speak the following language(s): \_\_\_\_\_

I served in the Military \_\_\_ Yes \_\_\_ No

Branch of Service and Rank: \_\_\_\_\_

I served during wartime \_\_\_ Yes \_\_\_ No      If yes, what war? \_\_\_\_\_

I am affiliated with the following church: \_\_\_\_\_

In my career I worked for and as: \_\_\_\_\_

I volunteered with: \_\_\_\_\_

I enjoy participating in the following marked activities, in these specific ways or types:

\_\_\_ Cards/Games      Games I play: \_\_\_\_\_

\_\_\_ Arts and Crafts      Types I like: \_\_\_\_\_

\_\_\_ Exercise      Types I like: \_\_\_\_\_

\_\_\_ Sports      Types I like: \_\_\_\_\_

\_\_\_ Music      Musicians/Songs I like: \_\_\_\_\_

\_\_\_ Reading      Authors/Genres I like: \_\_\_\_\_

\_\_\_ Shopping      Stores I like: \_\_\_\_\_

\_\_\_ TV/Movies      Name of Shows/Movies: \_\_\_\_\_

\_\_\_ Listening to Radio      Names of Stations: \_\_\_\_\_

\_\_\_ Gardening      What I like to grow: \_\_\_\_\_

\_\_\_ Conversations      Topics I like: \_\_\_\_\_

**Enhanced Quality of Life Questionnaire**

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

\_\_\_ Helping                      How: \_\_\_\_\_

\_\_\_ Outdoor Activities      Things I like to do: \_\_\_\_\_

\_\_\_ Going Out                Where: \_\_\_\_\_

\_\_\_ Animals                  Types I like: \_\_\_\_\_

Other things I like: \_\_\_\_\_

My favorite holidays or traditions are: \_\_\_\_\_

Days or times of the year that I find difficult: \_\_\_\_\_

I have a fear or phobia of: \_\_\_\_\_

Traumas or things that make me sad or upset are: \_\_\_\_\_

\_\_\_\_\_

When I get upset, you can tell because I: \_\_\_\_\_

My coping mechanisms are: \_\_\_\_\_

My Parent's Name(s): \_\_\_\_\_

My Father is: \_\_\_ Alive \_\_\_ Deceased                      My Mother is: \_\_\_ Alive \_\_\_ Deceased

I am Married or have a Partner: \_\_\_ Yes \_\_\_ No                      Anniversary Date:

\_\_\_\_\_

If yes, Spouse/Partner's Name: \_\_\_\_\_

If yes, they are: \_\_\_ Alive \_\_\_ Deceased \_\_\_ Divorced

**Other family or friends who are important to me**

Name	Relationship to Me	Alive: Yes or No

Form Completed by: \_\_\_\_\_

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

Relationship to Individual: \_\_\_\_\_