

Activities of Daily Living

First and last name: _____

Preferred name: _____

Date of birth: _____

I live in: _____

What brings me joy (e.g. things that make me smile or laugh)	What brings me comfort (e.g. things that calm me or make me feel better when I'm upset. Includes pain management.)	How I like to communicate (e.g. verbally, short sentences, through pictures, etc.)
Who is important in my life (e.g. family, friends)	What gives me purpose (e.g. what brings meaning to my life)	My safety concerns (e.g. falls, choking, wandering)
How I like to be approached (e.g. eye contact, with a smile, etc.)	My challenges (e.g. things that I need assistance with or that frustrate me)	My strengths (e.g. things I can do for myself and/or I take pride in doing)
Supportive devices I need (e.g. glasses, hearing aides, etc.)	My bathing routine (e.g. how I like to bathe / prepare for bath time)	My rest and sleep (e.g. my sleep habits)