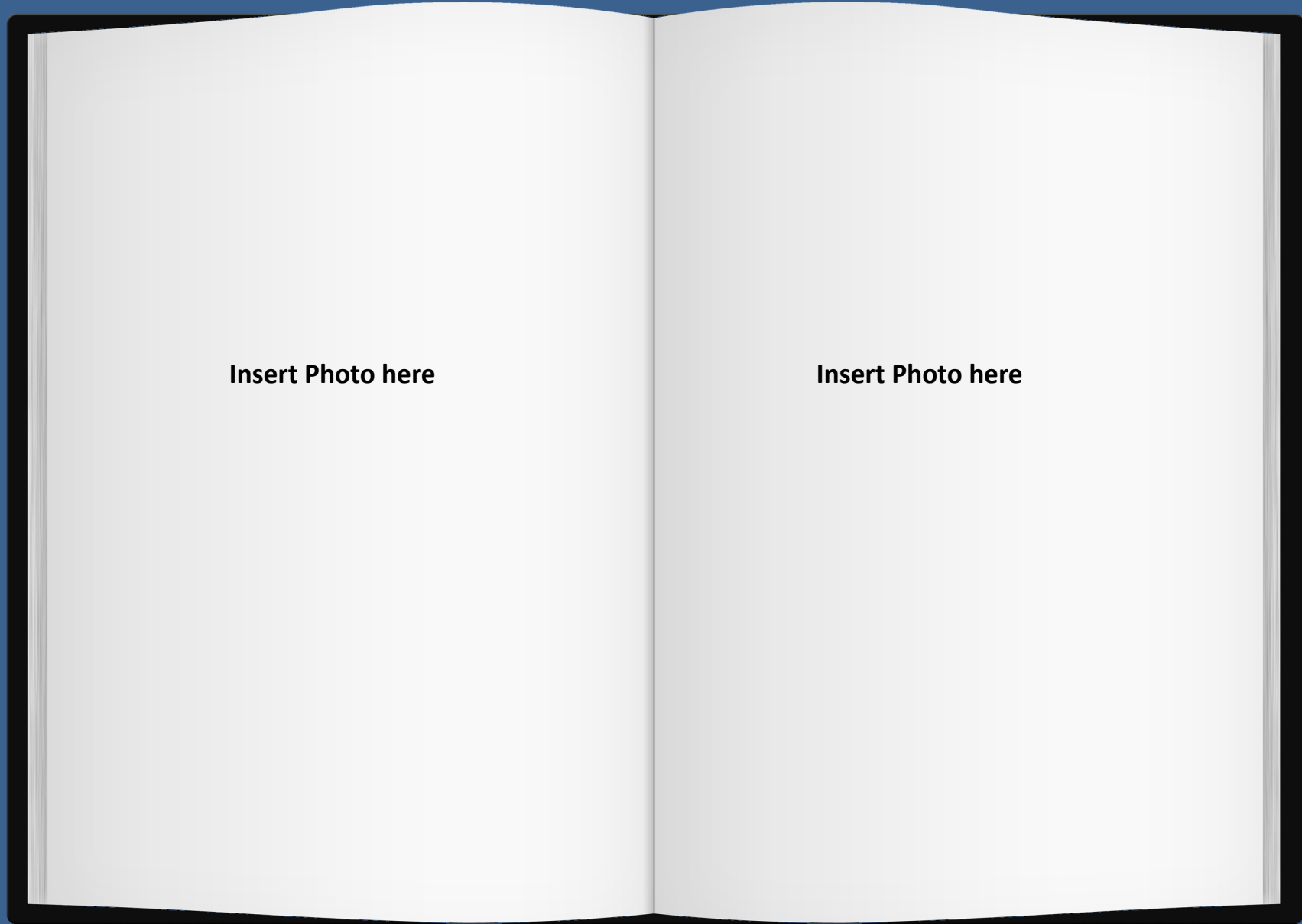


MY STORY:



Address: _____

I am from

My favorite sports team is

I worked as

I enjoy listening to

My spiritual preference is

The names of my family members are

I served in the military

My favorite things are

My marital status is

I like to watch

I feel relaxed and calm when

My native language is

What's most important to me/makes me happy is

I like to be called: _____

I don't like

I normally walk/transfer	I sleep	My favorite food/drink is	For a snack I like to eat
I wear	I communicate verbally/ nonverbally	I like to bathe	Meal time preference is
I need help with	I eat	I have trouble with hearing and/or vision	I have a dental problem

MY STORY[®]

Instruction Guide

Introduction: MY STORY[®] is a form designed to inform health care professionals and caregivers about your personal likes and dislikes so that they can provide care that is tailored to your specific needs. MY STORY[®] collects information about you in a simple format that can be sent with you in the case of a hospital or rehab visit. Below is a guide to assist you in completing the form. Please try to be as specific as possible when filling in your information.

Category	What We Are Looking For
I am from...	Briefly state the place you consider to be your hometown
I worked as...	What was your main career or most memorable career?
I enjoy listening to...	Includes things like radio stations, talking books, favorite types of music
My favorite sports team is...	Your favorite sport and team
My favorite things are...	Things that you enjoy (i.e. reading, being alone, sleeping, watching old movies)
The names of my family members are...	List the family members that you are close to
I get grumpy when...	Things that make you upset (i.e. having sleep interrupted, being cold)
I like to watch...	List favorite TV channels (do they need closed caption, birds, golf (not limited to TV))
What's most important to me/makes me happy is...	What you value in life (religious beliefs, their children, health, free from pain, able to walk again)
My marital status is...	What is your current relationship status? (married, widowed, etc.)
My religious preference is...	Include your belief system and what faith you practice
I feel relaxed and calm when...	Things that help you relax if you are upset or agitated
I don't like...	Things that make you uncomfortable (i.e. loud talking, animals, bright lights, needles, noise)
My native language is...	Include any languages that you speak
I walk/transfer...	How do you get around? (i.e. independent, walker, cane, dependent on assistance)

MY STORY[®]
Instruction Guide

I sleep...	What is your sleep schedule (i.e. wake up time, bed time, naps)
My favorite food/drink is...	What would you enjoy most to eat or drink? (mac and cheese, diet coke)
For a snack I like to eat...	What is your favorite snack?
I wear...	Things you like to wear (i.e clothing, jewelry, make up, depends)
I communicate verbally/nonverbally	How do you communicate with others? (verbally, gestures, written)
I like to bathe...	How often and during what time of the day
Meal time preference is...	What meals you like to eat (i.e. skips breakfast, eats a light dinner)
I need help with...	What do you need help with? (i.e. bathing, dressing, cutting my food, putting in hearing aid/dentures/putting on glasses)
I eat...	Include dietary needs (i.e. low salt, gluten free, pureed, a banana a day,)
I have a problem with vision and/or hearing...	Any adaptive equipment or problems (i.e. deaf, hearing aids, glasses, blindness)
I have a dental problem...	Use of dentures, difficulty swallowing or chewing