

RESIDENTIAL PLAZA SOCIAL QUESTIONNAIRE



DEMOGRAPHIC INFORMATION

<input type="text"/>	<input type="text"/>
NAME	LAST NAME
<input type="text"/>	<input type="text"/>
DOB	HOW DO YOU LIKE TO BE ADDRESSED? (e.g. nickname, Mr, Ms, first name, other)

SOCIAL INFORMATION

<input type="text"/>			
WHY THE DECISION TO MOVE TO AN ALF LIKE RPBL?			
<input type="text"/>			
PREVIOUS OCCUPATION	RELIGION		
<input type="text"/>	<input type="text"/>		
FAMILY/REPRESENTATIVE PRESENT	# OF CHILDREN	FREQUENCY OF VISITS	
<input type="checkbox"/> POA	<input type="checkbox"/> DNR	<input type="checkbox"/> LIVING WILL	<input type="checkbox"/> HC SURROGATE

ADVANCE DIRECTIVES:

<input type="text"/>

COMMUNITY BASED PROGRAM:

<input type="text"/>

FUNERAL/BURIAL ARRANGEMENTS:

<input type="checkbox"/> STS	<input type="checkbox"/> SELF	<input type="checkbox"/> DR. OFFICE	<input type="checkbox"/> FAMILY	<input type="checkbox"/> BUS PASS	<input type="checkbox"/> NONE
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TRANSPORTATION:

<input type="checkbox"/> SELF	<input type="checkbox"/> FAMILY	<input type="checkbox"/> CASE MANAGEMENT
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COORDINATION OF APPOINTMENTS:

PERSONAL CARE PREFERENCES

BATHING:

<input type="checkbox"/> SELF	<input type="checkbox"/> SUPERVISION	<input type="checkbox"/> ASSISTANCE	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> BATH CHAIR
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DRESSING:

<input type="checkbox"/> SELF	<input type="checkbox"/> SUPERVISION	<input type="checkbox"/> ASSISTANCE
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TRANSFER:

<input type="checkbox"/> SELF	<input type="checkbox"/> SUPERVISION	<input type="checkbox"/> ASSISTANCE
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NIGHT ROUNDS:	<input type="checkbox"/> SUPERVISOR
	<input type="checkbox"/> SLEEP THROUGH THE NIGHT
	<input type="checkbox"/> INTERMITTENT

TOILETING:

<input type="checkbox"/> SELF	<input type="checkbox"/> SUPERVISION	<input type="checkbox"/> ASSISTANCE	<input type="checkbox"/> COMMUNE	<input type="checkbox"/> BLADDER	<input type="checkbox"/> BOWEL
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INCONTINENT SUPPLIES NEEDED:

<input type="checkbox"/> YES	<input type="checkbox"/> NO			
<input type="checkbox"/> UNDERPADS	<input type="checkbox"/> BRIEFS	<input type="checkbox"/> PULLUPS	<input type="checkbox"/> KOTEX	<input type="checkbox"/> BALMEX

IS RESIDENT CAPABLE TO RUN ERRANDS IN THE NEIGHBORHOOD W/O SUPERVISION: YES NO

<input type="text"/>

WHAT ARE YOUR EXPECTATIONS OF CARE:

PERSONAL PREFERENCES AND ROUTINE

WHAT MAKES YOU PHYSICALLY MORE COMFORTABLE?

CLOTHING PREFERENCES (SKIRTS, SHORTS, ETC.)

WHAT MAKES YOU HAPPY?

WHAT DO YOU DISLIKE?

WHAT COMFORTS YOU WHEN YOU ARE UPSET?

APPROXIMATE MORNING WAKE UP TIME

APPROXIMATE BEDTIME

WHAT IS YOUR WAKE UP AND BEDTIME ROUTINES LIKE?

WEEKLY ACTIVITIES

OTHER ACTIVITIES THAT ARE NOT PART OF YOUR WEEKLY SCHEDULE

FAMILY WHO VISITS

CAREGIVER/ COMPANION

PERSONAL HISTORY

COUNTRY OF BIRTH

CITY OF CHILDHOOD HOME

HIGHSCHOOL OR COLLEGE

MILITARY SERVICE

SPECIAL HONORS/ AWARDS

PLACES LIVED AS AN ADULT

WHAT KIND OF JOBS DID YOU HAVE?

CLUBS OR SOCIAL ORGANIZATIONS

WHAT ARE SOME OF THE MAJOR MILESTONES IN YOUR LIFE?

RELIGIOUS AFFILIATION AND RELATED ACTIVITIES OR INVOLVEMENTS

MEMORABLE VACATIONS

ANY OTHER MEMORABLE EVENT OR DETAIL

FAMILY AND FRIENDS

NAME OF MOTHER

NAME OF FATHER

NAME OF BROTHERS

NAME OF SISTERS

NAME OF SPOUSE

DATE OF MARRIAGE

CITY OF MARRIAGE

DATE OF SPOUSE'S DEATH (IF APPLICABLE)

NAMES OF CHILDREN

CURRENT OCCUPATION
OF CHILDREN

NAMES OF GRANDCHILDREN

CITY OF RESIDENCE OF CHILDREN AND GRANDCHILDREN

FAVORITE PETS (PAST/ PRESENT)

BEST FRIENDS

INTERESTS AND HOBBIES

WHAT HOBBIES AND ACTIVITIES DO YOU ENJOY?

WHAT IS YOUR FAVORITE WAY TO SPEND THE DAY?

YES NO

DO YOU LIKE TO LISTEN TO MUSIC? If yes, what kind?

YES NO

DO YOU PLAY AN INSTRUMENT? If yes, what instrument?

YES NO

DO YOU ENJOY SINGING?

YES NO

DO YOU LIKE TO READ? If yes, what do you like to read?

YES NO

DO YOU LIKE WATCHING TV? If yes, what are your favorite shows or movies?

YES NO

DO YOU LIKE TO PLAY GAMES? If yes, what type of games do you like?

YES NO

DO YOU LIKE TO PLAY SPORTS? If yes, what kind of sports do you like?

WHAT IS YOUR FAVORITE HOLIDAY?

YES NO

WHAT HOUSEHOLD CHORES ARE/WERE YOUR RESPONSIBILITY?

WHICH HOUSEHOLD CHORES DO YOU ENJOY?

COMPLETED BY

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NAME

LAST NAME

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TELEPHONE

EMAIL

DATE

TO BE COMPLETED BY RPBL STAFF ONLY

ADL's PREFERENCES

BATHING:

SELF SUPERVISION ASSISTANCE AM PM BATH CHAIR

DRESSING:

SELF SUPERVISION ASSISTANCE

TRANSFER:

SELF SUPERVISION ASSISTANCE

NIGHT ROUNDS: SUPERVISOR
 SLEEP THROUGH THE NIGHT
 INTERMITTENT

TOILETING:

SELF SUPERVISION ASSISTANCE COMMUNE BLADDER BOWEL

INCONTINENT SUPPLIES NEEDED:

YES NO

PROVIDED BY:

SELF FAMILY PROGRAM RPBL
 UNDERPADS BRIEFS PULLUPS KOTEX BALMEX

PERSONAL LAUNDRY SELF FAMILY RPBL

RESIDENT MAIL SELF FAMILY

ADDITIONAL INFORMATION / COMMENTS

RPBL EVALUATOR

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NAME

LAST NAME

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DATE