

“My Life, My Values”

A Worksheet for Those Facing Memory Loss



Purpose

The purpose of this worksheet is to provide you with the opportunity to record your thoughts about the activities you enjoy and hope to continue enjoying as long as is feasible. Hopefully, sharing the completed questionnaire with family members, friends and long-term care staff will open communication channels that will ensure maintaining the best possible quality of life.

Instructions*

Please fill out this worksheet to the best of your ability. You may skip any questions you like, but it may be helpful to family members, friends and future care staff if skipping questions were kept to a minimum. After the completion of this worksheet, please consider printing and sharing copies with family members and friends who are involved in your life, and with future long-term care staff.

**(Because this worksheet seeks to preserve individual autonomy and dignity, it will be more accurate if you fill it out yourself. However, if you would like assistance feel free to ask a friend, family member or care staff to help you. Note, this is not a legally binding document)*

Family

1. Is family time important to you?

- Yes No No Preference

2. Would you prefer to stay involved in family events (if able)? Please select all that apply:

- Weddings
- Funerals
- Graduations
- Reunions
- Birthdays
- General celebrations (these may include but not limited to religious ceremonies, cultural ceremonies, etc.)
- Having kids/grandkids/great-grandkids visit
- Other (please explain) _____

3. If you move into a care facility, would you prefer to live in a facility geographically close to where your family is located?

- Yes No No Preference

If this was not feasible, where would be your second choice?

4. Would you like your family to be involved in your care/activities at the care facility?

- Yes No No Preference

5. What else would you like to add to this section?

Daily life

6. Are there certain daily or nightly rituals you follow?

(These may include but are not limited to, reading on the toilet, having lotion put on by care staff, bathing, hair care, dressing, early riser, night owl, vitamins, reading before bed)

Please explain: _____

7. Do you have any dietary restrictions or allergies?

Yes No Not Sure

If yes, please explain _____

8. What are some of your favorite foods?

My favorite foods for breakfast are:

My favorite foods for lunch are:

My favorite foods for dinner are:

My favorite foods for dessert are:

My favorite foods for snacks are:

9. What foods do you dislike?

10. What are some of your favorite movies?

Romantic: _____

Thriller: _____

Comedy: _____

Drama: _____

Adventure: _____

Other: _____

11. What are some of your favorite television shows?

Western: _____

Comedy: _____

Game show: _____

Soap Opera: _____

Reality: _____

Other: _____

12. What are some of your favorite types of music?

Country/Western: _____

Pop: _____

Rock: _____

Classical: _____

Christian: _____

Other: _____

13. What are some of your favorite books?

Action/Adventure: _____

Mystery: _____

Historical Fiction: _____

Comics: _____

Non-fiction: _____

Memoirs: _____

Other: _____

14. What else would you like to add to this section?

Interests

15. Would you describe yourself as a social person or one who prefers solitude?

- Prefer to be social No preference
 Prefer to be solitary Both (circumstantially)

16. Would you like to participate in (when available) any of the activities listed below? ** Please select all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Sewing | <input type="checkbox"/> Dancing |
| <input type="checkbox"/> Knitting | <input type="checkbox"/> Singing |
| <input type="checkbox"/> Woodworking | <input type="checkbox"/> Card games |
| <input type="checkbox"/> Baking/cooking | <input type="checkbox"/> Word games |
| <input type="checkbox"/> Singing/playing music | <input type="checkbox"/> Scenic rides |
| <input type="checkbox"/> Painting/drawing | <input type="checkbox"/> Getting out into the community |
| <input type="checkbox"/> Puzzles | <input type="checkbox"/> Dining out |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Shopping |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Parties/socials |
| <input type="checkbox"/> Bird watching | <input type="checkbox"/> Entertainment |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Other (please list): |
| <input type="checkbox"/> Crafts | _____ |
| <input type="checkbox"/> Volunteering | _____ |
| <input type="checkbox"/> Reminiscing on Family Photos | |

17. What else would you like to add to this section?

Spiritual

18. How important is religion to you? (A set of organized beliefs and practices)

- Very Important Somewhat Important Not Important

19. What is your religious affiliation/preference?

Please describe: _____

20. Would you like to be involved or taken to a church/worship services?

- Yes No Not Sure

21. Would you like to take part in worship hymns and praises?

- Yes No Not Sure

22. Would you like to be provided with devotional/religious books to read?

- Yes No Not Sure

23. Would you like someone to read a devotional/religious books to you?

- Yes No Not Sure

24. Are there certain religious practices a care facility can provide for you?

(Examples include but are not limited to special prayers, communion, religious items, special religious days of observation, etc.)

(Please describe):

25. Do you have a pastor, reverend, priest, rabbi, or spiritual leader you would like to visit with you when circumstances allow?

- Yes No

If yes, please list a name and phone number _____

26. Are there any religious dietary restrictions you follow?

- Yes No

If yes, please describe _____

27. Are there any important religious articles you use, wear, or keep close?

- Yes No

If yes, please describe _____

28. How important is spirituality to you? (Specifically, a sense of peace and purpose)

- Very Important Somewhat Important Not Important

29. Would you like to participate in any of the following spiritual practices? Please select all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Art | <input type="checkbox"/> Chanting |
| <input type="checkbox"/> Yoga | <input type="checkbox"/> No preference |
| <input type="checkbox"/> Meditation | <input type="checkbox"/> Other (please explain): |
| <input type="checkbox"/> Connecting with nature | _____ |
| <input type="checkbox"/> Prayer | _____ |

30. What else would you like to add to this section?

Cultural

31. How would you describe your cultural identity? (Specifically, a sense of belonging to a group with similar beliefs, traditions, language, religion, ethnicity, etc.)

32. Are there cultural practices you like to participate in? (These may include but are not limited to rituals or ceremonies, festivals, Native American practices, holidays, etc.)

Yes No

If yes, please describe _____

33. What are some cultural items that are important to you to use, wear, or keep close?

34. How can the care facility make your cultural practices/traditions easy to practice?

35. What else would you like to add to this section?

Physical

36. Do you prefer to spend time in nature?

- Yes No No Preference

37. What types of activities would you like to participate in?

****Please select all that apply:**

- | | |
|---|--|
| <input type="checkbox"/> Hiking | <input type="checkbox"/> Yoga |
| <input type="checkbox"/> Biking | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Walking | <input type="checkbox"/> Golfing |
| <input type="checkbox"/> Scenic drives | <input type="checkbox"/> Bowling |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Kickboxing |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Other activities I enjoy (please describe): |
| <input type="checkbox"/> Boating | _____ |
| <input type="checkbox"/> Jogging | _____ |
| <input type="checkbox"/> Skiing | _____ |
| <input type="checkbox"/> Horseback riding | |
| <input type="checkbox"/> Gardening | |

38. Do you want to participate in fitness or exercise classes?

- Yes No No Preference

39. What else would you like to add to this section?

About Me

40. For relaxation, I like to:

- | | |
|--|--|
| <input type="checkbox"/> Read a Book | <input type="checkbox"/> Cook or Bake |
| <input type="checkbox"/> Knit or Crochet | <input type="checkbox"/> Talk with a Friend |
| <input type="checkbox"/> Listen to Music | <input type="checkbox"/> Talk with a Family Member |
| <input type="checkbox"/> Take a Nap | <input type="checkbox"/> Have a Cocktail (beer, wine, or liquor) |
| <input type="checkbox"/> Meditate | <input type="checkbox"/> Watch a Movie |
| <input type="checkbox"/> Pray | <input type="checkbox"/> Shop |
| <input type="checkbox"/> Go for a Walk Outside | <input type="checkbox"/> Dine Out with Friends or Family |
| <input type="checkbox"/> Watch Television | <input type="checkbox"/> Other ways I relax (please describe): |
| <input type="checkbox"/> Exercise | _____ |
| <input type="checkbox"/> Take a Warm Bath | _____ |
| | _____ |

41. When I am sad, the best way to cheer me up is...

42. When I am anxious, the best way to ease my mind is...

43. When I am angry, the best way to calm me down is...

44. What else would you like others to know about you? (This may include but is not limited to job/employment, achievements, something unique about me, etc.)

45. What are the three most important things in your life?

1. _____

2. _____

3. _____

46. What gives your life meaning or a sense of purpose?

47. What conversation topics do you avoid talking about?

48. What else would you like to add to this questionnaire?



Congratulations for taking time to record the things that contribute to your quality of life.

Please make copies (or save an electronic copy) of this completed questionnaire to share with family, friends and other caregivers.

This worksheet was developed by Callie Morris, MPH-CHPS, CE, in conjunction with The University of Montana School of Public Health and Community Health Sciences with assistance from Dr. Annie Sondag, PhD, CHES, and Dr. Erin Semmens, PhD, MPH.

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Questionnaire Development

The categories in this worksheet are based on an adaptation of Dr. Bill Hettler’s model of the six dimensions of wellness. Hettler’s model of wellness includes emotional, occupational, physical, social, intellectual, and spiritual dimensions. Addressing each dimension results in a holistic sense of wellness and fulfillment (National Wellness Institute, 2021). The main categories of the Values-Based Worksheet reflect these wellness dimensions.

The Frazier Health Diversity Services Questionnaire served as a guide for the construction of worksheet questions that elicit responses regarding the beliefs, values, and needs of a patient, client, or resident. The Fraser questionnaire was developed based on the principle that competent care begins with a cultural assessment. Caregivers who assess cultural beliefs, values, and practices are better able to individualize care and achieve positive outcomes. (Narayan, 2003).

Validity (face and content) was established by two reviewers who are experts in this subject field, three members of the target population, and two members of academia with expertise in questionnaire development. Feedback from the reviewers resulted in revisions. The revised questionnaire was pilot tested with older adults from the target population resulting in further revisions prior to its dissemination.

References:

National Wellness Institute (n.d.). The Six Dimensions of Wellness. Retrieved August, 2021 from <https://nationalwellness.org/resources/six-dimensions-of-wellness/>

Narayan, M. C. (2003). Cultural Assessment and Care Planning. *Home Healthcare Now*, 21(9), 611–618.