



**Resident Interest Profile**

This information will be used to help 75 State Street staff provide you with the best care and on-boarding experience as you join our community.

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Nickname: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Number of children \_\_\_\_\_ Ages: \_\_\_\_\_

Children's Names and Locations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Education Level Attained: \_\_\_\_\_

Names of Schools Attended: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Favorite Subject(s): \_\_\_\_\_

Degrees Earned: \_\_\_\_\_

Did you (or your spouse) serve in the military and if so, what branch and when?  
\_\_\_\_\_  
\_\_\_\_\_



Martial Status:    Single    Married    Widowed    Divorced

Spouse's Name: \_\_\_\_\_

Please, tell us about when, where, and how you met your spouse: \_\_\_\_\_

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List all occupations held throughout your life: \_\_\_\_\_

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What were some of the tasks required in these jobs?: \_\_\_\_\_

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Which tasks were repetitive?: \_\_\_\_\_

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How did you get to work?: \_\_\_\_\_

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What hobbies, sports, or other leisure activities do you enjoy? Please include passive activities such as watching television: \_\_\_\_\_

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List any community involvement, including any church affiliations: \_\_\_\_\_

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Do you participate in Communion or other spiritual observances? \_\_\_\_\_



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What kinds of clubs and/or leagues did you belong to? \_\_\_\_\_

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What types of music do you enjoy? \_\_\_\_\_

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Do you play any musical instruments? Did you in the past? \_\_\_\_\_

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Are there any board or card games you enjoy? \_\_\_\_\_

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What are/were the names of some of you closest friends (please include childhood friends)? \_\_\_\_\_

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What types of household duties did you take pride in or particularly enjoy?

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What is your favorite holiday, and why? \_\_\_\_\_

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What types of arts and crafts do you enjoy (please include past interests)?

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Is your appetite:     Good     Fair     Poor

Do you have any special dietary considerations? \_\_\_\_\_

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Are there any foods you are unable to tolerate? \_\_\_\_\_  
\_\_\_\_\_

Do you have any food allergies? \_\_\_\_\_  
\_\_\_\_\_

What are your favorite foods? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What types of snacks do you like, and do you eat snacks at particular times of the day? \_\_\_\_\_  
\_\_\_\_\_

What is your daily routine? Describe a typical day: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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Name all pets and type of pet: \_\_\_\_\_  
\_\_\_\_\_



What are your pet peeves? \_\_\_\_\_  
\_\_\_\_\_

What sort of help do you need daily? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe your medication management process and any assistance you presently receive: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you feel you could benefit from medication management or reminders?  
\_\_\_\_\_

Any situations or things we should avoid because they'll upset you?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How is your awareness (attention span, ability to follow directions, orientation to time & date)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you communicate (verbal and non-verbal abilities, languages spoken, hearing and vision abilities)? \_\_\_\_\_



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Do you use a computer? \_\_\_\_\_ For what purposes? \_\_\_\_\_

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Do you prefer a shower: \_\_\_\_\_ or a bath: \_\_\_\_\_?

Describe your bathing process: \_\_\_\_\_

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Describe your dressing and grooming process: \_\_\_\_\_

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Please describe your toileting process (include bowel movement pattern, use of incontinent products, nighttime needs): \_\_\_\_\_

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Please describe your food and beverage preferences including your favorite meals: \_\_\_\_\_

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Please describe your feeding ability including food consistency and any help needed): \_\_\_\_\_



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Do you have any food allergies? If so, please describe their severity and the last time you encountered the food: \_\_\_\_\_

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How is your mobility (walking, getting in and out of bed/chairs, etc.):

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What assistive mobility devices do you use and when? \_\_\_\_\_

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Do you have any safety concerns (wandering, elopement, leaving the stove or water on): \_\_\_\_\_

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Daytime activities (past and current interests, daytime routine):

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Sleep habits and nighttime activity (include usual waking time):

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Other important information: \_\_\_\_\_  
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\_\_\_\_\_

Name of person completing form: \_\_\_\_\_

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