

“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 yourself as long as is feasible. Hopefully, sharing the complete questionnaire with family members, friends and long-term care staff will open communication channels to 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 skipped questions were kept to a minimum. After completing this worksheet, please consider printing and sharing copies with family members and friends who are involved in your life, and with 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

____ Having kids, grandkids, great-grandkids, visit

____ General celebrations (these may include but are not limited to religious or cultural ceremonies, etc.)

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 were not feasible, where would your second choice be?

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)

_____Reminiscing about family photos

Please explain:

7. Do you have any dietary restrictions or allergies?

If yes, please explain _____

8. What are some of your favorite foods?

For breakfast: _____

For lunch: _____

For dinner: _____

For dessert: _____

For snacks: _____

9. What are some foods you dislike?

10. What are some of your favorite movies?

Romantic: _____

Thriller: _____

Comedy: _____

Drama: _____

Adventure: _____

Other (please describe): _____

11.What are some of your favorite television shows?

Western: _____
Comedy: _____
Game Show: _____
Soap Opera: _____
Reality: _____
Other (please describe): _____

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

Country/Western: _____
Pop: _____
Rock: _____
Classical: _____
Christian: _____
Other (please describe): _____

13.What are some of your favorite books?

Action/Adventure: _____
Mystery: _____
Historical Fiction: _____
Comics: _____
Non-Fiction: _____
Memoirs: _____
Other (please describe): _____

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 (circumstantial)

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

_____ Sewing

_____ Dancing

_____ Knitting

_____ Singing

_____ Crocheting

_____ Card games

_____ Woodworking

_____ Word games

_____ Baking/cooking

_____ Scenic rides

_____ Singing/playing music

_____ Getting out into the community

_____ Painting/drawing

_____ Dining out

_____ Puzzles

_____ Shopping

_____ Reading

_____ Parties/socials

_____ Writing

_____ Fishing

_____ Bird watching

_____ Going to movies

_____ Photography

_____ Entertainment

_____ Crafts

_____ Other (please list):

_____ Volunteering

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 service?

_____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 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 _____Not sure

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:

_____ Art

_____ Yoga

_____ Meditation

_____ Connecting with nature

_____ Prayer

_____ Chanting

_____ No preference

_____ Other (please specify)

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?

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)

Hiking

_____ Yoga

Biking

_____Swimming

Walking

Golfing

Scenic drives

Bowling

_____Camping

Kickboxing

_____Fishing

_____ Other activities I enjoy (please describe)

Boating

_____ Jogging

Skiing

_____Horseback riding

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?

[illegible]

About Me

40. For relaxation, I like to:

<input type="checkbox"/> Read a book	<input type="checkbox"/> Talk with a family member
<input type="checkbox"/> Knit or crochet	<input type="checkbox"/> Have a cocktail (beer, wine, liquor)
<input type="checkbox"/> Listen to music	<input type="checkbox"/> Watch a movie
<input type="checkbox"/> Take a nap	<input type="checkbox"/> Shop
<input type="checkbox"/> Meditate	<input type="checkbox"/> Dine out with family or friends
<input type="checkbox"/> Pray	<input type="checkbox"/> Other ways I relax, (please describe)
<input type="checkbox"/> Go for a walk outside	<input type="text"/>
<input type="checkbox"/> Watch television	<input type="text"/>
<input type="checkbox"/> Take a warm bath	<input type="text"/>
<input type="checkbox"/> Cook or bake	<input type="text"/>
<input type="checkbox"/> Talk with a friend	<input type="text"/>

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? (please explain)

47. What conversation topics do you *avoid* talking about? (please explain)

48. What else would you like to add to this worksheet? (please explain)

**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.

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