

Getting to Know You

Person Directed Living (PDL).... is a way of living that puts the person receiving supports and services in control of their life and daily decisions. Person-directed living strives to acknowledge and support the personhood of each individual as well as one's sense of self and self-esteem.

Supporting a person in this way is dependent on knowing their history, their significant life events, their preferred day to day activities and the relationships they hold important in their life. In other words, person directed living is accomplished by being in deep relationship and truly knowing the person as the unique individual they are.

Life is a collection of..

- Our family history,
- Significant life events,
- A person's likes, dislikes and how one fills their day, and
- The relationships that flow through my life.

Person-Directed Elements and Assumptions

- The fundamental elements of Person Directed Living are:
 - Being in deep and consistent relationship,
 - Being well-known in the care community,
 - Being supported to have choice and control, and
 - Being supported to experience meaningful life and engagement.
- The assumptions that underlie Person-Directed Living are:
 - Everyone has strengths, preferences and ability to make choices.
 - Individual choices and preferences will always be respected, acknowledged and considered even if not granted.
 - The goal is to maximize independence, help to maintain community connections, and works towards individual goals.
 - A person's cultural background shall be recognized and valued in the decision-making process.

What is a good day for you?

ME AND MY FAMILY



Hello, My Name is _____

My address is _____

Today's date is _____

I am living here because...

I do or do not have problems remembering (describe).

How I and my family feel about being here...

My birthday is _____

Children (names)

Location (if living)

Grandchildren (names) _____

Great Grandchildren (names) _____



MY EARLY YEARS



I grew up (location – cultural significance) _____

My father was a _____ (Occupation)

My mother was a _____ (Occupation)

I have/had _____ siblings. In birth order, I am number _____.

Siblings (names)

Location (if living)

I went to school through _____ grade.

My favorite subjects were _____

I participated in these extracurricular activities _____

What made me happy in an earlier time or different place? Share some early memories?



MY MIDDLE LIFE YEARS



I am/ was or never married. (Circle one) I was married _____ times.

I am/ was married for _____ years.

If widowed, how many years? _____

My anniversary is _____

My spouse's name is/was _____

If widowed, what year did your spouse pass? _____

I would describe my marriage as: _____

My occupation(s): _____

My special talents in my occupation were _____

I worked for _____ years. My spouse worked for _____ years.

My spouse's occupation was _____

About My Retirement Years...

I retired in _____ (year). I worked for _____ at that time.

I adjusted to retirement by (list retirement activities include how these reflected talents used in work).

I would describe my life role as...

Key Life Achievements...

Losses and Challenges...

WHAT I LOVE TO DO

Hobbies and Interests....

Cards _____

Games _____

Arts/Crafts _____

Exercise _____

Sports _____

Gardening _____

Reading _____

Writing _____

Parties _____

Outings _____

Homemaking _____

Music _____

Trips _____

Shopping _____

Outdoors _____

TV _____

Movies _____

Homemaking _____

Conversing _____

Helping Others _____

Radio _____

Cooking _____

Theater _____

What genres/types of music are my favorites _____

Other Hobbies (list)

My preference for activities are...

I like to participate in activities in ___ morning, ___ afternoon, ___ evening.

I prefer activities in ___ group setting, ___ my room, ___ outings.

___ I prefer to pursue my own activities without assistance from staff.

My pets – past and present...

___ I wish to stay involved with animals.

I want to spend my time...

My customary daily routine is...

I get up in the morning around _____ and I go to bed around _____.

I like to nap around _____ for about _____ hour.

I prefer a ____ shower or ____ bath in the morning/ evening (circle one).

I usually eat _____ times per day at _____.

More details about my daily routine:

Describe your unique daily pleasures. What do you enjoy each day? (solitary cup of coffee, watching birds at the feeder, reading the paper etc.)

I care for myself in these ways...

I care for others in these ways...

I wish to be involved in my care and care planning by....

MY SPIRITUAL LIFE



I was raised _____ (religion).

I am a practicing _____.

My place of worship is _____.

These are key to my spirituality:

Spiritual traditions I practice:

____ It is very important to me to attend _____



IMPORTANT RELATIONSHIPS



My emotional support system is comprised of:

Those most involved with and interested in me today are:

It is very important to me to stay connected with them. I usually do this via...

Other relationships that are important to me that I wish to maintain...

Important relationships in my community to which I belong/belonged. (clubs, social organizations – both before and after retirement)

LOOKING FORWARD...

My dreams...if I could do anything I wanted, I would....

New skills or hobbies I would like to learn/experience....

