Personal Preference Indicators
Version for Elders and Persons with Disabilities

Developed at the
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through collaboration between:

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Personal Preference Indicators

This document is designed to help you communicate about things in life that you like and things that you dislike. This gives you the opportunity to be involved in making decisions concerning your present and future needs.

Use this document to indicate your preferences for everyday activities. Examples are given of what others have said are important to them. You can choose any of those items, or you can write-in what you want people to know about you.

The people who provide your care may not know you well. Sometimes you may feel left out of the decision making process. The information that you provide here can help care providers to better understand who you are. Understanding your preferences will help them make your life as enjoyable as possible.

Please be aware that the information you provide on this questionnaire is NOT confidential. The purpose is for nursing, housekeeping, and other care providers to review it and try to accommodate your preferences.
MY PERSONALITY
You can choose any of the listed examples, or you can write in things you would like people to know about you. Use the space provided below each question for details.

Some things about me:
☐ I prefer to do activities alone
☐ I prefer activities with other people
☐ I like having my personal space
☐ I like showing affection to others
What should your care providers know? How often do you want these preferences met?

What makes me happy?
☐ Being outside / inside
☐ Travel or outings
☐ Certain music or sounds
☐ Visiting family or friends
☐ Relaxing
☐ Reading/being read to
☐ Being around pets
☐ A special place
What details should your care providers know?

What makes me unhappy?
☐ Certain noises
☐ Certain smells or tastes
☐ Being rushed
☐ Being moved/startled
☐ Certain animals
☐ Eating
☐ Being alone
☐ Having limited choices
☐ Slipping / falling
☐ Lack of privacy
What details should your care providers know?

What helps me cope with difficult situations?
☐ A safe person
☐ Music or sounds
☐ A distraction
☐ Having people around
☐ Pets
☐ A safe place
☐ Cigarettes / alcohol
☐ Other:
How would you like your current care providers to help you cope?
**MY INDEPENDENCE**

My best-functioning times of the day and what I like to do then are:

<table>
<thead>
<tr>
<th>TIME OF DAY</th>
<th>ACTIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morning</td>
<td></td>
</tr>
<tr>
<td>Mid-morning</td>
<td></td>
</tr>
<tr>
<td>Afternoon</td>
<td></td>
</tr>
<tr>
<td>Evening</td>
<td></td>
</tr>
<tr>
<td>Late night</td>
<td></td>
</tr>
</tbody>
</table>

What details should your care providers know?

**I feel strongly about being able to:**

- Decorate my own space
- Go shopping and select items
- Pick out my own clothing
- Keep automobile/driver’s license
- Keep automobile/driver’s license

What should your care providers know? How often do you want these preferences met?

**I have experienced a recent major change or event that affects:**

- My daily routine
- My role in the family / community
- My leisure activities
- My health
- My place of residence
- Other:

What details should your care providers know about the change or how you cope?

**MY FUTURE CONCERNS**

- Pain / medication management
- Being a burden
- Housing situation
- Independence (mental / physical)
- Finances
- Health problems
- Loss of caregivers
- Mobility
- Unfinished business
- Loss of privacy
- Death / End-of-Life
- Other:

How would you like your current care providers to help you cope with these concerns?
GENERAL NOTES AND UPDATES (Please date entries and use additional pages as needed):

__________________________

I permit the use of this information in my care, or in the care of my loved one.

Signature:
Date:

Print Name: _______________________

Relationship:

Completed by: _______________________
Print Name: _______________________
Date: _______________________

Assisted by: _______________________
Print Name: _______________________
Date: _______________________

Modified by: _______________________
Print Name: _______________________
Date: _______________________

Modified by: _______________________
Print Name: _______________________
Date: _______________________

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