Personal Preference Indicators
Version for Elders and Persons with Disabilities

Developed at the
University of Oklahoma Health Sciences Center
Through collaboration between:

♦ Oklahoma Geriatric Education Center
♦ Reynolds Department of Geriatric Medicine
♦ Center for Learning and Leadership

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.

NAME leave blank for this exercise DATE __________

Oklahoma Geriatric Education Center ■ Reynolds Department of Geriatric Medicine ■ Center for Learning and Leadership 9/2010