Life Story Questionnaire

Professional Care Partners:
Use this questionnaire to learn about the clients you work with. Complete one questionnaire with each client and/or the client’s loved ones. This great resource will provide you with helpful information as you get to know your clients and encourage their interests and abilities.

Family Care Partners:
Use this questionnaire to help others learn about your loved one. Complete this questionnaire with your family member or on her behalf. With this valuable tool in hand, everyone who cares for your loved one will have the information they need to engage her likes and interests.

Background

Full name

____________________________________________________________________________________

Does your name have a special significance?

____________________________________________________________________________________

____________________________________________________________________________________

Do you have a nickname?

____________________________________________________________________________________

Where did your nickname come from?

____________________________________________________________________________________

Where were you born?

____________________________________________________________________________________

____________________________________________________________________________________

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When were you born?
_____________________________________________________________________________________

What was your father’s name?
_____________________________________________________________________________________

Please describe your father.
_____________________________________________________________________________________

What was your mother’s name?
_____________________________________________________________________________________

Please describe your mother.
_____________________________________________________________________________________

Do you have brothers and/or sisters?
_____________________________________________________________________________________

If yes, please describe your siblings.
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Did you know your grandparents?
_____________________________________________________________________________________

If yes, please describe your grandparents.
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
Where did you grow up?

_____________________________________________________________________________________

Please describe the house you lived in.

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

What was your neighborhood like?

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Who were your neighbors?

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

What games did you play?

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Are/were you married?

_____________________________________________________________________________________

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If yes, please describe your spouse.
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Do you have children and grandchildren?
_____________________________________________________________________________________

If yes, please describe your children and grandchildren.
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

**Daily Routine**

What time do you like to get up in the morning?
_____________________________________________________________________________________

Do you prefer to stay in your pajamas for a while?
_____________________________________________________________________________________

Describe your routine after waking (e.g., brushing your teeth, doing your hair, dressing).
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Do you prefer showers or baths?
_____________________________________________________________________________________

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At what time of day do you take a shower/bath?

____________________________________________________________________________________

Do you eat breakfast?

____________________________________________________________________________________

If yes, what do you like to eat for breakfast?

____________________________________________________________________________________

What’s your typical lunch and afternoon routine?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________

Do you like to take naps?

____________________________________________________________________________________

Do you like a big meal at noon or in the evening?

____________________________________________________________________________________

Please describe your typical evening routine.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

What time do you like to go to bed?

____________________________________________________________________________________
What hygiene products do you prefer?

_____________________________________________________________________________________
_____________________________________________________________________________________ 

**Education**

Where did you go to school?
_____________________________________________________________________________________ 
How did you get there?
_____________________________________________________________________________________ 
What did you like about school?
_____________________________________________________________________________________ 
_____________________________________________________________________________________ 
_____________________________________________________________________________________ 

*Also ask questions about high school and college, if appropriate.*

**Work**

What was your first paid job?
_____________________________________________________________________________________ 
What kind of job was it?
_____________________________________________________________________________________ 
_____________________________________________________________________________________ 
_____________________________________________________________________________________
What were your duties/responsibilities?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

What were your accomplishments?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

**Leisure**

What are your hobbies/interests?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

What are your favorite movies/books?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Do you enjoy music? If yes, what kind?
_____________________________________________________________________________________
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Did you have pets? If so, what kind, and what were their names?

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Are you afraid of or allergic to any pets?

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Did you travel, and if so, where did you go?

_____________________________________________________________________________________
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What have been some special events in your life?

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

What’s your favorite time of year?

_____________________________________________________________________________________

Do you prefer solitary activities, small groups, or large groups?

_____________________________________________________________________________________

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Religion/Faith

Did you attend a place of worship?
______________________________________________________________

Did you have a role in the services? If so, please describe.
______________________________________________________________
______________________________________________________________
______________________________________________________________

How did you spend your day of worship?
______________________________________________________________
______________________________________________________________
______________________________________________________________

Do you have a prayer book?
______________________________________________________________

Emotional Needs

What makes you feel happy?
______________________________________________________________
______________________________________________________________
______________________________________________________________
What makes you feel safe?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

What makes you feel sad?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Is there anything that helps you alleviate this feeling?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

What makes you feel anxious, angry, or frustrated?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Is there anything that helps you alleviate these feelings?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
Please describe your bedroom at home.

_____________________________________________________________________________________
_____________________________________________________________________________________

Please describe the room in your home where you relaxed.

_____________________________________________________________________________________
_____________________________________________________________________________________
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Additional Information

Please note other important likes and interests.

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