

The Passions & Preferences Project

Why Completing this Document Matters

Right now, you are the expert on your own life. You know exactly how you like your eggs cooked, which music lifts your mood, what topics of conversation engage you, and what routines make you feel at home. This document is designed to capture those nuances in your own words while you can express them for yourself.

The Importance of the "Everyday"

Most of us understand the importance of planning for the "big" things, such as medical directives or end-of-life wishes. While those decisions are vital, we often overlook the small, everyday preferences that actually make up the fabric of a "normal" day. Whether it's the specific way you like your coffee, your preference for a quiet afternoon over a busy social activity, or your habit of keeping the curtains closed during a sunny day—these details define your comfort. By documenting these daily rhythms now, you ensure that even if big changes occur, your life continues to feel familiar, personal, and uniquely yours.

Protecting Your Identity for the Future

We all hope to remain sharp and independent. However, if there ever comes a time when you find it difficult to express your needs or remember certain details due to cognitive changes or other illness, this document becomes your "voice."

By completing this now, you ensure that:

- **Your Dignity is Maintained:** Staff will always see you as the person you are today—your professional achievements, your travels, and your character—not just as a person living with dementia.
- **Your Comfort is Prioritized:** If you become upset or confused, we will know exactly which "tools" (a favorite song, a certain routine, or a story about your grandchildren) will help bring you comfort.

Lifestyle. Value. Trust.



- **Your Choices are Honored:** From the small details (like the brand of tooth paste you prefer) to big preferences (like how you prefer to be addressed), your choices will guide your care.

How This Information Will Be Used

This is a **living document**. It will be kept in your secure file and shared only with the team members directly responsible for your happiness and care.

- **In Transition:** If you ever require more support, this document travels with you to other levels of care so new caregivers don't have to "guess" what you like; they will already know you.
- **In Daily Life After Cognitive Decline/Illness:** It will be used to match you with activities you enjoy.
- **Informing Your Personalized Care Plan:** The details you share today will directly shape your person-centered care plan should you ever enter a higher level of care. A care plan is a formal roadmap used by our staff to provide support that is unique to you.
- **In Moments of Need:** If you are ever unable to tell us what is wrong, your "Preferences" will be referred to to see if a specific environment or routine might be causing you stress.

How to Get Started

There are no right or wrong answers. You can fill this out alone, with a family member, or with a staff member. You can also update it any time if your interests change.

By sharing your story today, you are giving yourself, your family and the staff at Three Pillars the gift of knowing how to care for you perfectly as possible if it ever becomes necessary.

Please return this document to Jen Graf, Senior Director of Cognitive Health.

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Please complete this form to the best of your ability. Feel free to use additional space at the bottom of each section or to add additional pages.

Background and Identity

- Full Name:
- Nicknames:
- Preferred name:
- Date this form was completed:

Birth – High School Graduation

- Place of birth:
- Place(s) you grew up:
- Who made up your family when you were a child?
 - (list names of siblings and close family members)
- What pets did you have as a child?
- Did you live in the city or country?

- What things did you like to do as a child?

- What holidays did your childhood family celebrate?

- What were your favorite childhood meals?

- What were your favorite childhood candies/sweets/treats?

- What were your childhood achievements
 - (scouting awards, school sports, contests you won)?

- Where did you attend grade school?

- Who were your best grade school friends?

- Where did you attend middle school?

- Who were your best middle school friends?

- Where did you attend high school?
- Who were your best high school friends?

College – Young Adulthood

- Where did you attend college/tech school/post-secondary training?
- Who were your young adulthood friends?
- What did you study after high school?
- Where was your first home outside of your family home?
- What was your first job after high school/college?
- What did you enjoy about it?

Adulthood

- Where and when did you meet your spouse/partner?
- When were you married?
- If you divorced, when?
- If you were widowed, when?
- What did you call your spouse/partner?
- Did you have children? If so, what are their names?
- Where was your first home with your spouse/partner?
- Did you and your spouse have pets? Which do you remember best?
- Who were your adult friends? Do you still have these friends?

Older Adulthood

- Do you have grandchildren? What are their names?
- Do you have great grandchildren? What are their names?
- When did you retire and from what job/occupation?
- When did you move to Three Pillars and why?

Communication

- What is your primary language?
- What other languages do you speak? How old were you when you learned them?
- What makes you laugh?
- Do you enjoy talking with others?
- What do you enjoy talking about with friends/family?

- What topics do you like to avoid when talking with friends/family?
- Are you more introverted or extroverted?
- Do you wear any communication aides (hearing aids, glasses, etc.)?

Daily Routines

- What time do you like to wake up in the morning?
- Do you wake up to an alarm or on your own?
- Do you get right out of bed, or do you watch TV, read, look at your phone, etc.?
- What do you do next after getting out of bed?
- Do you have breakfast in your pajamas or in your clothes?
- Do you brush your teeth before or after breakfast?

- How do you spend a typical morning?
- What would be an ideal morning?
- What time do you typically have lunch?
- Is lunch or supper your biggest meal of the day?
- How do you spend a typical afternoon?
- What would be an ideal afternoon?
- What chores do you enjoy doing every day?
- What chores do you hate doing every day?
- Who are the people you would most like to spend your time with?

- What time do you typically eat supper?
- What do you typically do after supper?
- What would be an ideal evening for you?
- What time do you prefer to go to bed?
- What is your bedtime routine?
- Do you sleep with a light on?
- Do you fall asleep with a sound machine, TV or music on? If so, what type?
- What do you prefer to wear to sleep?
- Do you like a certain type of sheet?

- Do you prefer lots of blankets or just a few?
- Do you have a preferred sleep position? (certain side, back, stomach)
- Do you prefer your sleeping room to be warm or cool?

Showers/Baths/Hair Care

- How often do you shower/bathe and at about what time?
- Do you prefer baths or showers?
- Do you wash your hair in the shower or sink or go to the salon?
- If you wash your hair at home, do you blow it dry or let it air dry?
- How do you style your hair (curlers, blow straight, curling iron, etc.)?
- How often do you get your hair cut?

- What products do you put in your hair daily (hair spray, gel, etc.)?
- Do you prefer hot, warm or cool showers?

What is your favorite brand of...

- Soap/shower gel:
- Shampoo:
- Conditioner:
- Shaving cream:
- Lotion (skin):
- Lotion (face):
- Deodorant:
- Do you prefer roll on, gel or spray deodorant?
- Toothpaste:
- Hard or soft bristled toothbrush?
- Electric or manual toothbrush?
- Dental floss:
- Hair products (mousse, hair spray, etc.):
- What product scents do you prefer?
- What product scents do you hate?

Make Up

- Do you wear make-up daily? If so what kind of make up (mascara, blush, etc.)
- What are your favorite make up colors/brands?
- If you don't wear make-up daily do you wear make-up for special occasions? If so what kind of make up (mascara, blush, etc.)

Clothing Style

- What kinds of clothes do you wear when you want to be comfortable at home?
- What kinds of clothes do you wear when you go out with friends to casual locations (simple lunch, movies, etc)?
- What kinds of clothes do you wear for special occasions (weddings, anniversaries)?
- What color clothes do you gravitate towards?

- What kind of shoes are the most comfortable shoes you own? (tennis shoes, loafers, crocs)?
- Do you wear shoes in your home? If no, do you prefer to wear slippers or be bare foot?
- Are you usually hot or usually cold? How does that affect your clothing choices? (for example, "I'm always cold so I bring a sweater.")
- Do you wear jewelry every day? If so, what?
- Do you have special occasion jewelry? If so, what?
- Do you like to wear a watch? If so, what type (analog, digital, smart)?

Food Preferences

- Do you have any food allergies?
- Do you have any food intolerances?

- Do you have any religious, cultural or dietary preferences or needs? (kosher, vegetarian, DASH, diabetic, etc.)?
- What is the best meal you ever ate?
- What foods will you absolutely never eat?
- What is a typical breakfast for you?
- What is a typical lunch for you?
- What is a typical supper for you?
- What are your favorite fruits?
- What are your favorite vegetables?
- What are your favorite meats/main dishes?
- What are your favorite breads/grains?

- What are your favorite desserts/treats?
- What kind of candy do you like best?
- What are your favorite snack foods?
- What are your favorite beverages?
- What do you typically drink with breakfast?
- Do you drink coffee, tea, water or some other beverage throughout the day?
- How do you take your coffee or tea? (black, two teaspoons of sugar, etc.)
- What do you typically drink with lunch?
- What do you typically drink with supper?
- Do you drink alcohol? When and how often?

- What is your favorite alcoholic beverage?
- Who do you typically eat meals with?
- Do you like to eat with others or alone?
- Do you snack throughout the day? If so, when?
- What do you typically have for snacks?
- Do you prefer salty or sweet?
- Do you consider food an enjoyment or something necessary to stay alive?

Comfort and Stress

- What are some items that bring you comfort or make you happy?
- Which people are good at comforting you?
- How do you prefer to be comforted? (A hug, time alone, etc.)

- What things do you find most stressful?
- What do you do to alleviate stress?

Environment

- What temperature do you prefer your home to be?
- Would you rather be hot or cold?
- Do you leave your curtains open or closed during the day?
- Do you prefer natural or artificial light?
- Do you like music, TV or other sound in the background during the day or do you prefer quiet?
- Are you more of a neat person or more of a messy person?
- Do you like a lot of things in your space or are you more minimal?

- What pieces in your home are special to you? (furniture, quilts, dishes, electronics, etc.)

- Whose pictures do you have displayed in your home and look at daily?

Spirituality

- Do you identify with a specific religion, if so, which?

- Do you regularly attend services?

- Would a visit from a pastor/priest/rabbi/Imam be comforting to you if you were upset or ill?

- Do you regularly participate in a religious study class?

- Are you active in your church community as a volunteer, mentor, or other role?

Health & Wellness

- How do you feel about going to the doctor?
- What are some signs you are feeling unwell or in pain? Do you have any unusual or historical symptoms for chronic or repetitive conditions?
- Do you have specific preferences or routines for taking medication? For instance, "I swallow pills without water" or "I can't swallow pills, I always ask for liquids."
- Have you had any chronic illnesses, injuries or conditions which affect your ability to participate in certain activities?

Decision Making & Legal

- Who have you designated as your durable power of attorney for health care?
- Why did you choose this person?

- What is your end-of-life philosophy? For example, “I believe all life is sacred and I would like all measures taken to extend my life” or “I don’t want to be in pain and would like to use hospice.”

Who are you?

- If you could describe yourself in three words, what would they be?

- What is most important to you at this point in your life?

- What advice do you have to offer others?

- What are you most proud of?

- If you needed care from someone and could not adequately communicate what would be the most important things to know about you that aren't included elsewhere in this document?

- What are you most concerned could happen if you were to develop dementia or an illness which prevented you from being able to communicate?

- Please add any additional information you would like below.