



# Getting to know you



Queensland University  
of Technology

This project was funded by the Department of Health and Ageing  
as part of an Australian Government initiative.

## About this booklet:

The goal of this booklet is to obtain as much information as possible relating to your family member's care needs, so that the care provided by you at home can be continued as closely as possible by others.

In order to facilitate this, we suggest that you and your family member with dementia complete the booklet together (if possible). Answer as many or as few questions as you see fit, but the more information you include, the more easily the respite provider will be able to respond to your family member's needs.

The information provided by you in this booklet can then be easily used by you to prepare the resources available at: <http://dementiakt.com.au/resource/residential-respite-care-transitions-famcarers/>

## About me

This section asks information about your family member's family history, education, employment, hobbies, holidays, cultural and spiritual beliefs and achievements; it will provide some prompts for the memory book, as well as ensuring staff have detailed information at hand to help them talk to your family member.

## Introducing

1. Name

2. Take a current photograph of your family member, with all of his/her aids (e.g. glasses, hearing aid, mobility aids such as a walking stick or walking frame), and insert or paste here

3. I like to be called: \_\_\_\_\_

4. I am \_\_\_\_\_ years old.

5. In an emergency please call \_\_\_\_\_

# Important people in my life

---

6. I live at home with

---

7. Who is my

---

8. I am / am not married.

9. We were married on \_\_\_\_\_

10. I met my partner (Where/when/how)

---

---

11. We have \_\_\_\_\_ Children

12. Their names and ages are:

---

---

---

---

13. We have \_\_\_\_\_ grandchildren.

14. Their names and ages are:

---

---

---

---

15. I like to do these things with my family

---

---

---

---

16. Do all of your family members know that you are having a respite care stay

Yes     No

17. Please describe any family issues that may affect your time in respite care:

---

---

---

---

---



# When I was younger

---

18. My parents' names were/are

Mum \_\_\_\_\_

Dad \_\_\_\_\_



19. Places I lived growing up

---

---

---

---

---

---

---

20. The jobs my parents had

---

---

---

---

21. I have \_\_\_\_\_ sisters and \_\_\_\_\_ brothers

22. Their names are:

---

---

---

---

23. I still see

---

---

---

---

24. I went to school at

---

---

---

---

25. My favourite subjects were

---

---

---

26. I left school when I was \_\_\_\_\_ and started

---

---

---

---

---

27. Places I lived as an adult

---

---

---

---

28. The jobs I have held are

---

---

---

29. My most recent job was as

---

---

---

30. I stopped working when

---

---

---

---



# Things I like to do for fun

31. My hobbies include

---

---

---

---

---

32. I like to play or watch

---

---

---

---

33. To relax I like to

---

---

---

---

34. My favourite holidays have been to

---

---

---

---

---

35. I like to holiday with

---

---

---

---



## Cultural and spiritual beliefs

---

36. I consider myself to be \_\_\_\_\_

37. Some traditions that I like to keep are  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

38. I consider myself to be a \_\_\_\_\_

39. I practice my religion in the following ways  
 \_\_\_\_\_  
 \_\_\_\_\_

40. I still like to celebrate  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## The most amazing things happened to me!

---

41. The things that I am most proud of are:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

42. I have won the following awards  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Care Needs

This section describes your family member's preferences, needs and requirements in terms of nutrition, communication, mobility, hygiene and elimination, rest and sleep. Information from this section can be used to create the care flip cards and the visual care plan so that care staff have ready access to your family member's care needs.

## To help you understand me

---

### Nutrition

43. I do / do not have dentures

- I have an upper / lower / partial plate

44. I do / do not need help to clean my teeth



#### **45. Usual meal times:**

Breakfast\_\_\_\_\_

Morning tea\_\_\_\_\_

Lunch\_\_\_\_\_

Afternoon tea\_\_\_\_\_

Dinner\_\_\_\_\_

Supper\_\_\_\_\_

46. I am able to eat

a full diet

a modified diet (please specify)

---

---

47. My favourite foods are

---

---

---

---

48. Foods I am allergic to

---

---

---

---

49. I really don't like to eat

---

---

---

---

50. When I eat please make sure that

---

---

---

---

## Communication

51. I do / do not wear hearing aid

- A hearing aid in left ear / right ear / both ears

52. I do / do not wear glasses: Reading Distance Both

53. I need help to:

- remind me to wear the hearing / vision aids
- put my hearing / vision aids on
- keep my hearing / vision aids safe



54. When you talk to me please

---

---

---

---

---

---

55. When I talk to you please

---

---

---

---

---

---



## Mobility

56. To move around, I need to use:

- nothing, I walk independently
- a walking stick
- a walking frame/wheelie walker
- crutches
- a wheel chair
- I am not able to move around independently



57. Describe type of assistance needed to mobilise

---

---

---

---

---

---

---

---



## Hygiene / Elimination

58. I usually like to:

- Shower
  - daily
  - second daily
  - as needed
- Have a bath
  - daily
  - second daily
  - as needed
- Have a wash
  - daily
  - second daily
  - as needed

59. Preferred time:  a.m.  p.m.

60. I need help to:

- Just point me in the right direction I can do the rest myself
- Gather my toiletries and clothes
- Undress and dress
- Shave
- Wash just my back and feet and I can do the rest
- Wash
- Dry myself

61. When I need to go to the toilet

- I need no help
- I need help to find the bathroom
- I need to be reminded to go
- I need help to adjust my clothing
- I need help to clean myself



Describe type of assistance needed

---



---



---

62. In case of an accident I wear

---



---

Describe continence aids

---



---

**Rest and Sleep**

63. I usually go to bed at \_\_\_\_\_

64. I usually get up at \_\_\_\_\_

65. I like to have a rest at \_\_\_\_\_

66. I prefer to have a rest

- in my bed
- in front of the TV
- in a chair



67. Before I go to bed I like to

---



---



---



---



---

# Special Instructions

This section describes ways to help your family member settle and reduce anxiety; the information can also be added to the care flip cards to ensure care staff are able to respond to his/her special needs and facilitate a more positive stay.

---

70. I get very worried/anxious/sad when

---

---

---

71. You will know if I am worried/anxious/sad if

---

---

---

72. To help me feel better I usually

---

---

---

---

73. I can get very angry if

---

---

---

---

74. You will know I am angry if

---

---

---

---

75. To help me feel better I like to

---

---

---

---



76. The things that worry me most about coming to respite are

---

---

---

---

---

77. The things that worry my carer the most about me coming to respite are

---

---

---

---

---

78. Situations that should be avoided because in the past I have become very distressed are

---

---

---

---

---

79. During my stay I will need the following specialised cares (e.g. dressings, BSL reading, complicated medication regimes)

---

---

---

---

---

80. During my stay, please contact my carer:

- for all concerns, day or night
- during the day only unless life threatening
- only if it is life threatening





