

2nomi Questionnaire

Please note that not all questions need to be answered, just the ones that hold special significant memories to the resident the book is being made for. Also, please be sure to identify any photo by adding a simple text description.

Resident's FullName and Facility Name:

Resident's Family (or Representative) Name, Phone Number and/or Email Address:

Please spell out resident's name exactly how you would like it to appear on the cover:

1. Job/Occupation/Military Service/Homemaker
2. School/College/Vocational Training (locations and approximate dates)
3. Sports/Hobbies/Outdoor Activities (i.e., gardening, painting, fishing, etc.)
4. Awards/Recognitions/Accomplishments
5. Special or fond memories that stand out

6. Spouse/Partner/Significant Other

7. Family (i.e., Parents, Siblings, Children, Grandchildren) (identify in photos)

8. Close friends

9. Favorite pets (types and name)

10. Home/Places lived (any that hold special significant memories)

11. Special memories of home

12. Places visited/Traveled to

13. Favorite books/movies/television

14. A funny family story

15. Religious/spiritual beliefs

16. Sleeping and waking habits (i.e., early bird or night owl)

17. Likes/Dislikes

18. Favorite foods/beverages/places to eat

19. Passions/Interests/Finds joy in

20. Other

A Final Note... You will find the process of creating a Life Story an emotionally satisfying and heartening experience. The Life Story can become a personal history that will support the individual with by sharing information that is necessary to give individualized and compassionate person-centered care.

“to know me is to love me”