

# “My Life, My Values”

## A Worksheet for Those Facing Memory Loss



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### Purpose

The purpose of this worksheet is to provide you with the opportunity to record your thoughts about the activities you enjoy and hope to continue enjoying yourself as long as is feasible. Hopefully, sharing the complete questionnaire with family members, friends and long-term care staff will open communication channels to ensure maintaining the best possible quality of life.

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### Instructions

Please fill out this worksheet to the best of your ability. You may skip any questions you like, but it may be helpful to family members, friends and future care staff if skipped questions were kept to a minimum. After completing this worksheet, please consider printing and sharing copies with family members and friends who are involved in your life, and with long-term care staff.

*\*(Because this worksheet seeks to preserve individual autonomy and dignity, it will be more accurate if you fill it out yourself. However, if you would like assistance, feel free to ask a friend, family member or care staff to help you. Note, this is NOT a legally binding document.*

# Family

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1. Is family time important to you?

Yes  No  No preference

2. Would you prefer to stay involved in family events (if able)? Please select all that apply

Weddings

Funerals

Graduations

Reunions

Birthdays

Having kids, grandkids, great-grandkids, visit

\_\_\_\_\_

General celebrations (these may include but are not limited to religious or cultural ceremonies, etc.)

Other (please explain)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. If you move into a care facility, would you prefer to live in a facility geographically close to where your family is located?

Yes  No  No Preference

If this were not feasible, where would your second choice be?

\_\_\_\_\_

4. Would you like your family to be involved in your care/activities at the care facility?

Yes  No  No Preference

5. What else would you like to add to this section?

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# Daily life

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**6. Are there certain daily or nightly rituals you follow?**

(These may include but are not limited to reading on the toilet, having lotion put on by care staff, bathing, hair care, dressing, early riser, night owl, vitamins, reading before bed)

\_\_\_\_\_ Reminiscing about family photos

**Please explain:**

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**7. Do you have any dietary restrictions or allergies?**

If yes, please explain \_\_\_\_\_

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**8. What are some of your favorite foods?**

For breakfast: \_\_\_\_\_

For lunch: \_\_\_\_\_

For dinner: \_\_\_\_\_

For dessert: \_\_\_\_\_

For snacks: \_\_\_\_\_

**9. What are some foods you dislike?**

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**10. What are some of your favorite movies?**

Romantic: \_\_\_\_\_

Thriller: \_\_\_\_\_

Comedy: \_\_\_\_\_

Drama: \_\_\_\_\_

Adventure: \_\_\_\_\_

Other (please describe): \_\_\_\_\_

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**11. What are some of your favorite television shows?**

Western: \_\_\_\_\_  
Comedy: \_\_\_\_\_  
Game Show: \_\_\_\_\_  
Soap Opera: \_\_\_\_\_  
Reality: \_\_\_\_\_  
Other (please describe): \_\_\_\_\_  
\_\_\_\_\_

**12. What are some of your favorite types of music?**

Country/Western: \_\_\_\_\_  
Pop: \_\_\_\_\_  
Rock: \_\_\_\_\_  
Classical: \_\_\_\_\_  
Christian: \_\_\_\_\_  
Other (please describe): \_\_\_\_\_  
\_\_\_\_\_

**13. What are some of your favorite books?**

Action/Adventure: \_\_\_\_\_  
Mystery: \_\_\_\_\_  
Historical Fiction: \_\_\_\_\_  
Comics: \_\_\_\_\_  
Non-Fiction: \_\_\_\_\_  
Memoirs: \_\_\_\_\_  
Other (please describe): \_\_\_\_\_  
\_\_\_\_\_

**14. What else would you like to add to this section?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_

# Interests

15. Would you describe yourself as a social person or one who prefers solitude?

- Prefer to be social
- No preference
- Prefer to be solitary
- Both (circumstantial)

16. Would you like to participate in (when available) any of the activities listed below?  
Please select all that apply.

- Sewing
- Knitting
- Crocheting
- Woodworking
- Baking/cooking
- Singing/playing music
- Painting/drawing
- Puzzles
- Reading
- Writing
- Bird watching
- Photography
- Crafts
- Volunteering
- Dancing
- Singing
- Card games
- Word games
- Scenic rides
- Getting out into the community
- Dining out
- Shopping
- Parties/socials
- Fishing
- Going to movies
- Entertainment
- Other (please list):  
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\_\_\_\_\_

17. What else would you like to add to this section?

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# Spiritual

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**18. How important is religion to you?** (*A set of organized beliefs and practices*)

Very important     Somewhat important     Not important

**19. What is your religious affiliation/preference?**

Please describe: \_\_\_\_\_  
\_\_\_\_\_

**20. Would you like to be involved or taken to a church/worship service?**

Yes     No     Not sure

**21. Would you like to take part in worship hymns and praises?**

Yes     No     Not sure

**22. Would you like to be provided with devotional/religious books to read?**

Yes     No     Not sure

**23. Would you like someone to read devotional/religious books to you?**

Yes     No     Not sure

**24. Are there certain religious practices a care facility can provide for you?**

(Examples include but are not limited to special prayers, communion, religious items, special religious days of observation, etc.)

Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**25. Do you have a pastor, reverend, priest, rabbi, or spiritual leader you would like to visit with you when circumstances allow?**

Yes     No     Not sure

**26. Are there any religious dietary restrictions you follow?**

Yes  No

If yes, (please describe): \_\_\_\_\_

\_\_\_\_\_

**27. Are there any important religious articles you use, wear, or keep close?**

Yes  No

If yes, (please describe): \_\_\_\_\_

\_\_\_\_\_

**28. How important is spirituality to you? (Specifically, a sense of peace and purpose)**

Very important  Somewhat important  Not important

**29. Would you like to participate in any of the following spiritual practices?**

**Please select all that apply:**

Art

Yoga

Meditation

Connecting with nature

Prayer

Chanting

No preference

Other (please specify)

\_\_\_\_\_

\_\_\_\_\_

**30. What else would you like to add to this section?**

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# Cultural

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**31. How would you describe your cultural identity?** (Specifically, a sense of belonging to a group with similar beliefs, traditions, language, religion, ethnicity, etc.)

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**32. Are there cultural practices you like to participate in?** (These may include, but are not limited to rituals or ceremonies, festivals, Native American practices, holidays, etc.)

\_\_\_\_\_ Yes    \_\_\_\_\_ No

If yes, (please describe):

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**33. What are some cultural items that are important to you to use, wear, or keep close?**

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**34. How can the care facility make your cultural practices/traditions easy to practice?**

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**35. What else would you like to add to this section?**

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## About Me

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**40. For relaxation, I like to:**

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| <input type="checkbox"/> Read a book           | <input type="checkbox"/> Talk with a family member             |
| <input type="checkbox"/> Knit or crochet       | <input type="checkbox"/> Have a cocktail (beer, wine, liquor)  |
| <input type="checkbox"/> Listen to music       | <input type="checkbox"/> Watch a movie                         |
| <input type="checkbox"/> Take a nap            | <input type="checkbox"/> Shop                                  |
| <input type="checkbox"/> Meditate              | <input type="checkbox"/> Dine out with family or friends       |
| <input type="checkbox"/> Pray                  | <input type="checkbox"/> Other ways I relax, (please describe) |
| <input type="checkbox"/> Go for a walk outside | _____  |
| <input type="checkbox"/> Watch television      | _____  |
| <input type="checkbox"/> Take a warm bath      | _____  |
| <input type="checkbox"/> Cook or bake          | _____  |
| <input type="checkbox"/> Talk with a friend    | _____  |

**41. When I am sad, the best way to cheer me up is:**

\_\_\_\_\_  
\_\_\_\_\_

**42. When I am anxious, the best way to ease my mind is:**

\_\_\_\_\_  
\_\_\_\_\_

**43. When I am angry, the best way to calm me down is:**

\_\_\_\_\_  
\_\_\_\_\_

**44. What else would you like others to know about you?**

(This may include but is not limited to job/employment, achievements, something unique about me, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**45. What are the three most important things in your life?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**46. What gives your life meaning or a sense of purpose? (please explain)**

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**47. What conversation topics do you *avoid* talking about? (please explain)**

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**48. What else would you like to add to this worksheet? (please explain)**

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**Congratulations for taking time to  
record the things that contribute to  
your quality of life.**

**Please make copies (*or save an electronic copy*) of this  
completed questionnaire to share with family, friends  
and other caregivers.**

This worksheet was developed by Callie Morris, MPH-CHPS, CE, in conjunction with The University of Montana School of Public Health and Community Health Sciences with assistance from Dr. Annie Sondag, PhD, CHES, and Dr. Erin Semmens, PhD, MPH.

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## Questionnaire Development

The categories in this worksheet are based on an adaptation of Dr. Bill Hettler's model of the six dimensions of wellness. Hettler's model of wellness includes emotional, occupational, physical, social, intellectual, and spiritual dimensions. Addressing each dimension results in a holistic sense of wellness and fulfillment (National Wellness Institute, 2021). The main categories of the Values-Based Worksheet reflect these wellness dimensions.

The Frazier Health Diversity Services Questionnaire served as a guide for the construction of worksheet questions that elicit responses regarding the beliefs, values, and needs of a patient, client, or resident. The Fraser questionnaire was developed based on the principle that competent care begins with a cultural assessment. Caregivers who assess cultural beliefs, values, and practices are better able to individualize care and achieve positive outcomes. (Narayan, 2003).

Validity (face and content) was established by two reviewers who are experts in this subject field, three members of the target population, and two members of academia with expertise in questionnaire development. Feedback from the reviewers resulted in revisions. The revised questionnaire was pilot tested with older adults from the target population resulting in further revisions prior to its dissemination.

### References:

National Wellness Institute (n.d.). *The Six Dimensions of Wellness*. Retrieved August, 2021 from <https://nationalwellness.org/resources/six-dimensions-of-wellness/>

Narayan, M. C. (2003). *Cultural Assessment and Care Planning*. Home Healthcare Now, 21(9), 611-618.

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