**Life Story Questionnaire**

Tenant Full name:

Does your name have a special significance?

Do you have a nickname? Where did it come from?

Where 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? Names (alive/deceased)

If yes, please describe your siblings.

Where did you grow up?

Please describe the house you lived in.

What was your neighborhood like?

What games did you play?

Are/were you married? If yes, please describe your spouse.

Do you have children and grandchildren? Names/ages

# 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?

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?

# Education

Where did you go to school?

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How did you get there?

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What did you like about school?

# Work

What was your first paid job?

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What kind of job was it?

What were your duties/responsibilities?

# Leisure

What are your hobbies/interests?

What are your favorite movies/books?

Do you enjoy music? If yes, what kind?

Did you have pets? If so, what kind, and what were their names?

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

What have been some special events in your life?

What’s your favorite time of year?

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

What activities do you enjoy doing? (cards, games, etc.)

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What Television shows do you like to watch?

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# Religion/Faith

Did you attend a place of worship? Where?

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# Emotional Needs

What makes you feel happy?

What makes you feel safe?

What makes you feel sad?

What makes you feel anxious, angry, or frustrated?

Is there anything that helps you alleviate these feelings?

Please describe your bedroom at home.

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Please describe the room in your home where you relaxed.

# Additional Information

Please note other important likes and interests.