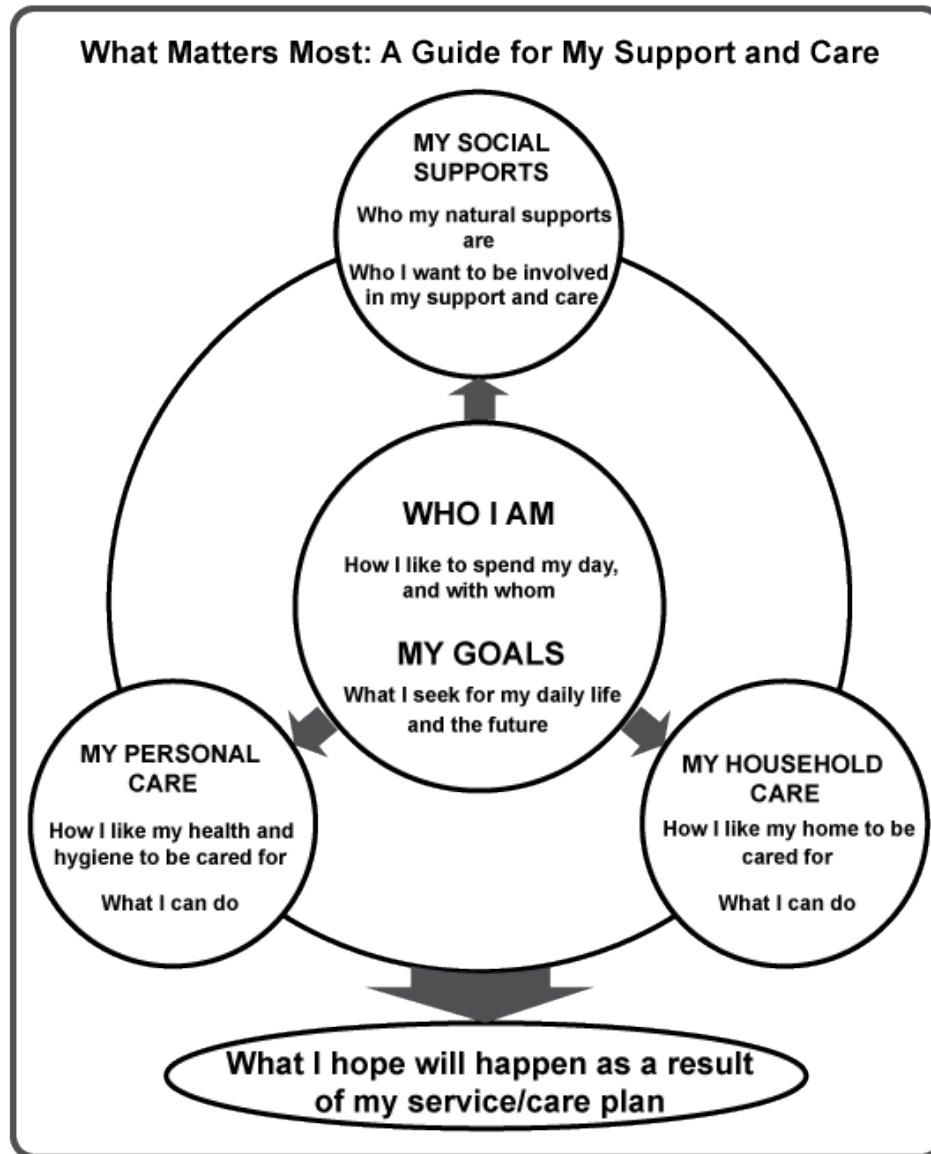


Single User Approach



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“Now that I know about how you spend your day and “What Matters Most” in your daily life, let’s talk about how your services can best fit into your day.”

5. Are there times of day when you’d prefer to have your helper come? Yes No

[Place a ★ for preferred times]

Are there times of the day when you’d prefer that your helper NOT come? Yes No

6.

[Place an X for problematic times]

	★	X	Notes [include particular days of the week if indicated]
7AM			
8AM			
9AM			
10AM			
11AM			
NOON			
1PM			
2PM			
3PM			
4PM			
5PM			

“Now that we are going to be working together, we’d like to get to know you and to understand “What Matters Most” to you in your day-to-day life. This is a guide for your support and care. With this guide we can do our best to provide the right services, at the right times, and in the right way, according to your preferences. This guide will help me as your [insert position e.g. caregiver] with services that align with your likings, so please feel free to share as much as you like with me. In the future, I’ll be checking with you to see how well we are all doing at meeting your preferences.”

About Me and My Goals

“Let’s start with some general information about you and your goals.”

1. What are some words you would use to describe yourself?

2. Tell me about any special interests or activities or hobbies you have.

3. Are there things you used to enjoy that you think you can no longer do, but might be able to do with help? **[If clarification is asked, use examples: reading, cooking, going to church, getting out]**

4. What are your biggest concerns and worries right now?

“Now we’re going to talk a bit about your goals for your future.”

My Social Supports

“Now that I have gotten to know more about you, I would like to ask about your social supports, such as friends and family. This will enable me to make sure you are getting the support and services you want.”

8. What family members/friends/neighbors do you enjoy regular contact with? What kind of contact do you have with them?

9. Are you able to stay involved enough with family members, friends, and neighbors?

- Yes No

10. Is there anything you need that could help you stay better involved with them? **[If clarification is asked, use some examples: transportation, communication devices such as a special phone]**

Not Applicable

11. Are there family members/friends/neighbors with whom you prefer NOT to have contact?

Not Applicable

12. Have you been involved with any community groups, religious organizations or clubs? Which ones?

Not Applicable

13. Is there anything you need that could help you stay better involved with the community groups, religious organizations or clubs? **[If clarification is asked, use some examples: transportation, communication devices such as a special phone]**

Not Applicable

My Personal and Household Care

“Let’s talk about “What Matters Most” to you about your personal care.”

1. Is there anything your helper needs to know about getting you up and dressed in the morning?

2. When it comes to what you wear on a typical day, are there things that are important for your helper to know? **[If clarification is asked, use some examples: wear a bra every day, compression stockings]**

3. How often do you like to bathe [select only one]?

- Daily Every other day Once a week
 Twice a week Three times a week Other: _____

Notes [e.g., seasonal variations]: _____

4. What type of bathing do you prefer? **[Check all that apply]**

- Tub bath Sponge bath Shower Bed bath
 Standing Sitting Other: _____

Notes [e.g., seasonal variations]: _____

5. Are there other things that are important for your helper to know about your bathing?

6. How often do you like to have hair care [select only one]?

- Daily Every other day Once a week
 Twice a week Three times a week Other: _____

Notes [e.g., seasonal variations]: _____

7. Are there things that are important for your helper to know about your hair care or grooming? **[If clarification is asked, use some examples: wash, comb, brush hair, shaving]**

Not applicable

8. Are there things that are important for your helper to know about your mouth care? **[If clarification is asked, use some examples: brush teeth, clean/soak dentures]**

Not applicable

9. Is there anything your helper needs to know about special needs you may have about using the toilet?

Not applicable

10. Is there anything your helper needs to know about preparing for your bedtime?

Not applicable

[Ask only of consumers who need help with eating]

11. Are there things that your helper should know about helping you eat or drink?

Not applicable

“And now I am going to ask you about “What Matters Most” to you about homemaking.”

12. Are there things that are important for your helper to know about when and how you want your cleaning done? **[If clarification is asked, use examples: using bleach or certain products, instructions to clean bathroom or kitchen, dusting, vacuuming]**

Not applicable

13. Are there parts of housework that you prefer to do yourself? What do you like to do? **[If clarification is asked, use examples: drying dishes, dusting]**

Not applicable

14. Are there any specific instructions for caring for your laundry? **[If clarification is asked, use examples: gather and sort, use washing machines/dryers, hang/fold/put away clothing]**

Not applicable

15. Are there parts of laundering that you prefer to do yourself? What do you prefer to do? **[If clarification is asked, use examples: sorting or folding laundry, washing delicate items]**

Not applicable

16. When it comes to your grocery shopping, do you have any special instructions? **[If clarification is asked use examples: products with no perfumes/dyes, name brand products, who does the shopping, uses coupons, creates a list]** Not applicable

17. When it comes to your meals, do you have preferences or concerns about how your meals are prepared? **[If clarification is asked, use examples: cutting food, seasoning, allergies, and religious/cultural restrictions]**

Not applicable

18. Are there parts of preparing meals that you prefer to do yourself? What do you like to do? **[If clarification is asked, use examples: washing/peeling vegetables, setting table/utensils]**

Not applicable

19. With regard to having helpers in your home, what are the most important concerns you have about your safety?

Not applicable

20. Thinking about the person who helps you with personal care and homemaking, are there skills or knowledge that are especially important for them to have?

Not applicable

Final Thoughts

1. Is there anything about you or your preferences that we have not talked about that you would like me and those providing your care to know?

2. In summary, of all the things we have talked about, “*What Matters Most*” to you? **[Review some of the general areas with the consumer, such as social supports, goals, personal care, household care]**

3. Where would you like this information to be placed as a quick reference so everyone involved with your care will know “*What Matters*” Most to you?

“Thank you very much for taking this time with me. I’ve learned a lot about you and “What Matters Most” to you in your daily life. This will help us serve you better. I hope you’ll let your helper know when your preferences change so that we can make those changes in your guide and in your services when possible.”