

*Get to know your client. Create interactive conversations that draw out facts to help you know someone well. Use this list as a starting point for interviewing clients, their loved ones, caregivers, etc.*

1. CURRENT SITUATION + IMMEDIATE PAST HISTORY

- What can you tell me about the the situation that brought you here? [What happened to NAME?]
- Have you been struggling with this for a while? [How long has NAME been struggling with this?]

2. HEALTH

- How are you feeling? [Have you noticed changes in NAME’s health? What? When?]
- Are you better today?

3. FOOD/APPETITE

- How is the food? [What can you tell me about NAME’s appetite or eating habits?]
- Are you hungry?
- What are your favorite foods?

4. PETS

- Do you have pets, do they need attention right now? [Does NAME have any pets that need to be taken care of right now?]

5. HOME LIFE

- How do you like where you live? [Does NAME say anything about wanting to move or feeling dissatisfied about where she/he/they lives?]
- Is there someone you want to live near?

6. UNMET NEEDS

- What do you need? Is there anything I can bring you? [What do you think NAME needs?]

7. ACTIVITIES + FREEDOM

- What do you like to do with your time? [What do you and NAME do together? Can you tell me about activities she/he/they enjoys?]

8. IMPORTANT PEOPLE

- Who are the most important people in your life? [Who are the most important people in NAME’s life?]
- Anyone you need me to contact?
- Who can help me get to know you better?
- Who do you trust to talk with me?
- Anyone you don’t want me to talk to?

9. EMERGENCY SITUATIONS

- I see you have [name] listed as your emergency contact. Is it okay if I contact [name]?
- Who else might you want to know about what’s happening with you?

10. PLANS FOR AGING + DEATH

- Have you made any arrangements for the future such as a living will or plans for burial? [Have you and NAME discussed plans for aging such as a living will or funerals?]
- Would you like to tell me about how you feel about long-term care if you get very sick? What you will or will not want to have happen to you?

11. SAFETY

- Do you feel safe where you are now? [How safe is NAME where she/he/they lives now? Does she/he/they have guns or are there people around her/him/they with weapons?]
- Do you feel safe at home?
- Anyone or anyplace you want to avoid?
- Do you own any weapons?