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Participant Lifestyle Biography

Participant Name:	Admission Date:
Preferred Pronouns (circle all that apply):	she/her he/him they/them
Name and relationship of person compl	eting form:
<u>TELL U</u>	JS A LITTLE BIT ABOUT YOURSELF
How do you like to be addressed? (title,	first name, nickname, etc.):
Date of Birth:	Marital Status: M SWD
Birthplace:	Name of Spouse/Partner:
Maiden Name:	
<u>Religion:</u>	
Religious Affiliation:	
Church Attended (if any):	
Regular Attendance:Y N	
Reading, Writing, and Arithmetic:	
Schools attended:	
College Degree:	Advanced Degree:
Study Abroad (location):	
<u>Career</u> :	
Occupation:	
Places of Employment:	
Military Service:	
Did you serve in the Military: Y N	Branch:
Updated March 2022	



Did you serve during any Wars:Y N Which One(s):
Did you receive any Metals or Commendations:Y N Which One(s):
Did your Spouse/Partner serve in the Military:YN Branch:
While in the Military, where were you stationed:
Do you speak any Foreign Languages:YN Which One(s):
<u>These are a Few of My Favorite Things:</u>
My Favorite Food(s):
My Favorite Beverage(s):
My Favorite Hobby:
My Favorite Place to Vacation:
My Favorite Family Memory:
My Biggest Accomplishment in Life:
Traditions that are Important to Me:
It's a Family Affair:
Name of Spouse/Partner(s):

If Deceased, year of death: ______

Mother's Name: _____



Occupation:	
Father's Name:	
Occupation:	
Do you have any siblings? Yes No	
What are their names?	
Important information we should know about the	em (if applicable):
Do you have any children? Yes No	
What are their names?	
Important information we should know about the	em (if applicable):
Grandchildren (Names/Ages)	Great-grandchildren (Names/Ages):
Names of any other Family Friends that are/were	important in your life:



What do you and your family enjoy doing together: ______

Hobbies, Interests, and Activities (be sure to include present <u>and</u> past interests, even if your loved one is no longer engaging in them currently!)

When interacting with other people, are you: ____ Social Butterfly ____ Wallflower

What do you enjoy doing, or have you had an interest in doing in the past:

Music/Dancing __ Y __ N

Details:	
Arts & Crafts Y N	
Details:	
Exercise/SportsYN	
Details:	
Reading/WritingYN	
Details:	
Board/Card GamesYN	
Details:	



Movies/TelevisionYN
Details:
Household Chores Y N
Details:
TravelYN
Details:
Animals/PetsYN
Details:
Groups/Clubs Y N
Details:
Nature/Gardening Y N
Details:
Math/ScienceYN
Details:
History Y N
Details:

Pet Peeves:

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When these things occur, it tends to make me frustrated or anxious:
Just a Few More Things:
Are you a: Righty Lefty
Can you play an instrument (which one:)



I have a family member who would love to volunteer! Please contact them!
Name: Phone/Email:
Last But Not Least:
While I feel as though I have shared a lot about myself, you should probably know:
IMCC Staff Use
IMICC Stall USE
Copy Placed In Participant File
Copy Provided to Reconnections Coordinator