



- ✓ **If a resident does not respond to a question, or says “I don’t know,” or the question is not applicable,** check “No Response/NA.”
- ✓ **If the resident prefers to answer questions by choosing between “Important” or “Not Important”,** that is an excellent way to begin. If the resident selects “Important,” ask: *“Would you say [activity] is Very Important, Somewhat Important or Important, But Can’t Do or No Choice?”* Similarly, if the resident says “Not Important,” ask: *“Would you say [activity] is “Not Very Important” or “Not Important at All ”?”* Clarifying the level of importance will help the care team follow the resident’s priorities for care planning.

**6. When asking detailed questions under each preference item, ask the open-ended question first and write down the resident’s response.** Then:

- ✓ **If the resident can tell you easily about a preference,** feel free to skip the list of prompts and continue to the next question. Be sure to record every comment that might have meaning for the care team.
- ✓ **If the resident cannot freely answer the question or provide details about a preference,** use the prompts to help the resident to recall or share preferences more easily.

**7. Stop the interview if:**

- ✓ **The resident becomes fatigued.** It is not necessary to complete the entire questionnaire in one session. If the resident is tired, offer to stop the interview and return at another time.
- ✓ **The resident refuses to answer any more questions.** Respect the resident’s wishes and discontinue the interview. Try to interview a family member, friend or staff person (called a “proxy”) who knows the resident well. Be sure to mark and retain the resident’s answers on the questionnaire, and then ask the proxy to pick up where the resident left off. Note which questions the proxy answered.
- ✓ **The resident gives more than five “Non-Responses” in a row.** Stop the interview and ask a proxy to respond instead.

**As you conclude the interview,** thank the resident for spending time with you. Let the resident know how much you enjoyed getting to know him or her better.

**Remember:** PELI interviews are meant to be an enjoyable conversation, not simply a task to be completed. Preference interviews provide a meaningful opportunity to truly get to know residents and gather valuable insight that will help your community personalize care and enhance resident quality of life. Keep in mind that the interview can be completed in more than one conversation, rather than a single sitting.

**For More Information About the Preferences for Everyday Living Inventory (PELI):**

Visit [PreferenceBasedLiving.com](http://PreferenceBasedLiving.com) to view free PELI tools, tip sheets, webinars, training videos, and other resources.

## Detailed Preference Interview

Resident Name: \_\_\_\_\_ Interviewer Name: \_\_\_\_\_ Date: \_\_\_\_\_

*"I am going to ask you questions about your preferences. I would like to know what your preferences are right now. Some of the questions may ask about things you feel you can no longer do by yourself, but I'd like to know if these activities would be important to you if you could do them with assistance or find a way to do it."*

### F0400A. How important is it to you to choose what clothes to wear? (PELI Q07)

Important	Not Important	Go to
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>F0400B</b> </div>
a. What do you usually like to wear for the day?		
b. What jewelry do you like to wear?		
c. Do you like to carry a:		
<input type="radio"/> Bag <input type="radio"/> Watch <input type="radio"/> Wallet		
d. Do you like your clothes arranged a certain way?		
<input type="radio"/> Yes <input type="radio"/> No		
e. If yes, how do you like your clothes arranged?		
f. What do you like to wear to sleep?		
Notes:		


### F0400B. How important is it to you to take care of your personal belongings or things? (PELI Q13)

Important	Not Important	Go to
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>F0400C</b> </div>

a. What personal belongings do you prefer to take care of yourself?

Notes:

**F0400C. How important is it to you to choose between a tub bath, shower, bed bath, or sponge bath? (PELI Q06)**

<b>Important</b>	<b>Not Important</b> 	Go to <b>F0400D</b>
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	

a. What type of bathing do you prefer?

<b>Type of Bath</b>	<input type="radio"/> Tub bath	<input type="radio"/> Sponge bath	<input type="radio"/> Bed bath
<b>Type of Shower</b>	<input type="radio"/> Shower	<input type="radio"/> Standing	<input type="radio"/> Sitting
<b>Other</b>	<input type="radio"/> Depends on: _____	<input type="radio"/> Other _____	

b. Do you like to decide how long you spend bathing?

<input type="radio"/> Yes	<input type="radio"/> No
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b1. If yes, how much time do you like to spend bathing?

<b>20 mins or less</b>	<input type="radio"/> <10 mins	<input type="radio"/> 10-15 mins	<input type="radio"/> 16-20 mins
<b>21 mins or more</b>	<input type="radio"/> 21-30 mins	<input type="radio"/> >30 mins	<input type="radio"/> Other _____

c. Do you like a certain level of lighting when you bathe?

<input type="radio"/> Yes	<input type="radio"/> No
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c1. If yes, how bright do you like the lights?

<input type="radio"/> Normal	<input type="radio"/> Bright	<input type="radio"/> Other _____
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d. Do you like a certain room temperature when you bathe?

<input type="radio"/> Yes	<input type="radio"/> No
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d1. If yes, which room temperature do you like?

<b>Temperature</b>	<input type="radio"/> Cool (60-65° F)	<input type="radio"/> Warm / Normal (65-75° F)	<input type="radio"/> Hot (> 75° F)
<b>Other</b>	<input type="radio"/> Other _____		

e. Do you like to listen to something when you bathe?

<input type="radio"/> Yes	<input type="radio"/> No
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e1. If yes, which do you like to listen to when you bathe?

<b>Type of Sounds</b>	<input type="radio"/> Music	<input type="radio"/> Nature	<input type="radio"/> Water
<b>Other</b>	<input type="radio"/> Nothing	<input type="radio"/> Other:	

Notes:

**F0400D. How important is it to you to have snacks available between meals? (PELI Q38)**

<b>Important</b> <input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<b>Not Important</b> <input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	Go to <b>F0400E</b>
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a. Which of the following foods do you like to snack on?

<b>Healthy</b>	<input type="radio"/> Fruits	<input type="radio"/> Vegetables	
<b>Salty</b>	<input type="radio"/> Chips	<input type="radio"/> Pretzels	<input type="radio"/> Crackers
<b>Sweets</b>	<input type="radio"/> Candy	<input type="radio"/> Chocolate	<input type="radio"/> Ice cream
<b>Other</b>	<input type="radio"/> Beverages	<input type="radio"/> Other _____	

b. When you you like to snack?

<input type="radio"/> Morning	<input type="radio"/> Afternoon	<input type="radio"/> Evening/night
<input type="radio"/> Whenever I want		

Notes:

**F0400E. How important is it to you to choose your own bedtime? (PELI Q16)**

<b>Important</b> <input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<b>Not Important</b> <input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	Go to <b>F0400F</b>
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a. What time do you like to go to bed?

<input type="radio"/> Earlier than 7 pm	<input type="radio"/> 7 - 9 pm	<input type="radio"/> 9-11 pm
<input type="radio"/> After 11 pm		

b. How many hours of sleep do you like at night?

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Notes:

**F0400F. How important is it to you to choose who you would like involved in discussions about your care? (modified, MDS 3.0, PELI Q26)**

<b>Important</b>	<b>Not Important</b>	Go to <b>F0400G</b>																				
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)																					
<p>a. Once every 3 months there is a meeting of staff to help plan your care. Do you like to attend the meeting?</p> <p style="text-align: center;"><input type="radio"/> Yes <span style="margin-left: 150px;"><input type="radio"/> No</span></p>																						
<p>b. Which people do you like involved in discussions about your care?</p> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"><b>Family/Friends</b></td> <td><input type="radio"/> Spouse</td> <td><input type="radio"/> Significant other</td> <td><input type="radio"/> Children</td> </tr> <tr> <td></td> <td><input type="radio"/> Brother</td> <td><input type="radio"/> Sister</td> <td><input type="radio"/> Grandchildren</td> </tr> <tr> <td></td> <td><input type="radio"/> Friends</td> <td></td> <td></td> </tr> <tr> <td style="vertical-align: top;"><b>Professional</b></td> <td><input type="radio"/> Nurse</td> <td><input type="radio"/> Doctor</td> <td><input type="radio"/> Social worker</td> </tr> <tr> <td></td> <td><input type="radio"/> Daily caregiver</td> <td><input type="radio"/> Other _____</td> <td></td> </tr> </table>			<b>Family/Friends</b>	<input type="radio"/> Spouse	<input type="radio"/> Significant other	<input type="radio"/> Children		<input type="radio"/> Brother	<input type="radio"/> Sister	<input type="radio"/> Grandchildren		<input type="radio"/> Friends			<b>Professional</b>	<input type="radio"/> Nurse	<input type="radio"/> Doctor	<input type="radio"/> Social worker		<input type="radio"/> Daily caregiver	<input type="radio"/> Other _____	
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	<input type="radio"/> Daily caregiver	<input type="radio"/> Other _____																				
<p>c. Which areas of your care do you like to discuss?</p> <table border="0" style="width: 100%;"> <tr> <td><input type="radio"/> Care plan / treatment plan</td> <td><input type="radio"/> Activities you are involved in</td> <td><input type="radio"/> General health</td> </tr> <tr> <td><input type="radio"/> Test results</td> <td><input type="radio"/> Caregiving needs</td> <td><input type="radio"/> Medication changes</td> </tr> <tr> <td><input type="radio"/> Info about your routine</td> <td><input type="radio"/> Info about your medical condition</td> <td><input type="radio"/> Other _____</td> </tr> </table>			<input type="radio"/> Care plan / treatment plan	<input type="radio"/> Activities you are involved in	<input type="radio"/> General health	<input type="radio"/> Test results	<input type="radio"/> Caregiving needs	<input type="radio"/> Medication changes	<input type="radio"/> Info about your routine	<input type="radio"/> Info about your medical condition	<input type="radio"/> Other _____											
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<input type="radio"/> Info about your routine	<input type="radio"/> Info about your medical condition	<input type="radio"/> Other _____																				
<p>Notes:</p>																						

**F0400G. How important is it to you to be able to use the phone in private? (PELI Q31)**

<b>Important</b>	<b>Not Important</b>	Go to <b>F0400H</b>
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	
<p>a. Where do you like to use the phone in private?</p> <p style="text-align: center;"><input type="radio"/> Bedroom <span style="margin-left: 100px;"><input type="radio"/> Secured space with the door shut</span> <span style="margin-left: 50px;"><input type="radio"/> Other _____</span></p>		
<p>Notes:</p>		

**Q0400H. How important is it to you to lock things up to keep them safe? (modified MDS 3.0, PELI Q33)**

<b>Important</b>	<b>Not Important</b>	Go to <b>F0500A</b>
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	

**a. What things do you like to keep locked up?**

- Jewelry                       Money                       Electronics
- Other \_\_\_\_\_

**b. Which places do you like to lock things to keep them safe?**

- A locked drawer                       Locked closet/armoire                       A safe
- A safety deposit box                       Other \_\_\_\_\_

Notes:

**F0500A. How important is it to have reading materials available to you? (modified MDS 3.0, PELI Q61)**

<b>Important</b>	<b>Not Important</b> →	Go to
<input type="checkbox"/> Very important (1)	<input type="checkbox"/> Not very important (3)	<b>F0500B</b>
<input type="checkbox"/> Somewhat important (2)	<input type="checkbox"/> Not Important at all (4)	
<input type="checkbox"/> Important but can't do, no choice (5)		

**a. Do you have difficulties reading due to eyesight?**

- Yes (Go to Q61b)                       No (Skip to Q61c)

**b. Which reading options do you like available?**

- Audio books                       Have someone read to you                       Large print materials
- Other \_\_\_\_\_

**c. Which materials do you like to read?**

- Reading Material**
- Books                       Magazines                       Newspapers
- Mysteries                       Romance                       Science fiction
- Biography                       Poetry                       Science
- Other**                       Other \_\_\_\_\_

**d. Do you like to be a member of a book club?**

- Yes                       No

**e. Do you like to read on an electronic tablet, e-reader, or notebook?**

- Yes                       No

Notes:

**F0500B. How important is it to you to listen to music you like? (PELI Q69)**

<b>Important</b>	<b>Not Important</b> →	Go to
<input type="checkbox"/> Very important (1)	<input type="checkbox"/> Not very important (3)	<b>F0500C</b>
<input type="checkbox"/> Somewhat important (2)	<input type="checkbox"/> Not Important at all (4)	
<input type="checkbox"/> Important but can't do, no choice (5)		

**a. Which kinds of music do you like?**

- |                                       |                                   |                                   |
|---------------------------------------|-----------------------------------|-----------------------------------|
| <input type="radio"/> Big band        | <input type="radio"/> Blues       | <input type="radio"/> Classical   |
| <input type="radio"/> Country western | <input type="radio"/> Folk        | <input type="radio"/> Heavy metal |
| <input type="radio"/> Hip hop         | <input type="radio"/> Jazz        | <input type="radio"/> Opera       |
| <input type="radio"/> Religious       | <input type="radio"/> Rock        | <input type="radio"/> Show tunes  |
| <input type="radio"/> Top 40          | <input type="radio"/> Other _____ |                                   |

**b. Do you have a favorite era of music?**

- Yes  No

**b1. If yes, name era of music:**

**c. Do you have favorite musicians/musical groups?**

- Yes  No

**c1. If yes, name favorite musician/musical group:**

**d. Which ways do you like to listen to music?**

- |                                   |                                |  |
|-----------------------------------|--------------------------------|--|
| <input type="radio"/> CD player   | <input type="radio"/> Computer | <input type="radio"/> iPod, iPhone, iPad     |
| <input type="radio"/> Live music  | <input type="radio"/> Radio    | <input type="radio"/> Tape / cassette player |
| <input type="radio"/> Other _____ |                                |  |

Notes:

**F0500C. How important is it to you to be around animals such as pets? (PELI Q58)**

<b>Important</b>	<b>Not Important</b>	Go to
<input type="checkbox"/> Very important (1)	<input type="checkbox"/> Not very important (3)	<b>F0500D</b>
<input type="checkbox"/> Somewhat important (2)	<input type="checkbox"/> Not Important at all (4)	
<input type="checkbox"/> Important but can't do, no choice (5)		

**a. Which kind of animals do you like to be around?**

- |                                |   |                              |
|--------------------------------|---|------------------------------|
| <input type="radio"/> Birds    | <input type="radio"/> Cats                  | <input type="radio"/> Dogs   |
| <input type="radio"/> Fish     | <input type="radio"/> Hamster / guinea pigs | <input type="radio"/> Horses |
| <input type="radio"/> Reptiles | <input type="radio"/> Other _____           |                              |

**b. Which type of contact do you enjoy with animals?**

- |                                    |   |                                |
|------------------------------------|---|--------------------------------|
| <input type="radio"/> Feeding      | <input type="radio"/> Holding in your lap | <input type="radio"/> Petting  |
| <input type="radio"/> Playing with | <input type="radio"/> Riding              | <input type="radio"/> Watching |
| <input type="radio"/> Other _____  |   |                                |

**c. Are you allergic to animals?**

- Yes  No



d. If yes, what kind?

Notes:

**F0500D. How important is it to you to keep up with the news? (PELI Q59)**

<b>Important</b> <input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<b>Not Important</b> <input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	Go to <b>F0500E</b>
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a. Which ways do you like to keep up with the news?

<b>Conversation</b>	<input type="radio"/> Discussions with another person	<input type="radio"/> Group discussions	
<b>Electronic Devices</b>	<input type="radio"/> Listen to the radio	<input type="radio"/> Use the computer	<input type="radio"/> Watch or listen to TV
<b>Reading</b>	<input type="radio"/> Read magazines	<input type="radio"/> Read newspaper	<input type="radio"/> Other _____

Notes:

**F0500E. How important is it to you to do things with groups of people? (PELI Q43)**

<b>Important</b> <input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<b>Not Important</b> <input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	Go to <b>F0500F</b>
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a. What do you like to do with groups of people?

b. Which type of person do you enjoy in a group?

- |                                      |                                       |                                |
|--------------------------------------|---------------------------------------|--------------------------------|
| <input type="radio"/> Friends        | <input type="radio"/> Other residents | <input type="radio"/> Roommate |
| <input type="radio"/> Family members | <input type="radio"/> Other _____     |                                |

c. How many people do you like when doing things in a group?

- |  |                                    |                                   |
|--|------------------------------------|-----------------------------------|
| <input type="radio"/> Small group              | <input type="radio"/> Medium group | <input type="radio"/> Large group |
| <input type="radio"/> Very large group / crowd | <input type="radio"/> Other _____  |                                   |

Notes:

## F0500F. How important is it to you to do your favorite activities? (PELI Q72)

<b>Important</b>	<b>Not Important</b>	Go to <b>F0500G</b>
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	

a. What are your favorite activities?

b. With whom do you like to do your favorite activities?

- Family**
- Spouse / significant other       Children       Brother
- Sister       Grandchildren
- Friends**
- Friends \_\_\_\_\_       Roommate       Other residents
- Other \_\_\_\_\_

Notes:

## F0500G. How important is it to you to go outside to get fresh air when the weather is good? (PELI Q55)

<b>Important</b>	<b>Not Important</b>	Go to <b>F0500H</b>
<input type="checkbox"/> Very important (1) <input type="checkbox"/> Somewhat important (2) <input type="checkbox"/> Important but can't do, no choice (5)	<input type="checkbox"/> Not very important (3) <input type="checkbox"/> Not Important at all (4)	

a. In which type of weather do you like to go outside?

- Type of Day**
- Sunny       Cloudy / Overcast       Rainy
- Snowy
- Temperature**
- Hot       Warm       Cool
- Cold       Other \_\_\_\_\_

b. Which things do you like to do outside when the weather is good?

- Active Activities**
- Garden       Play       Walk
- Work / outdoor tasks
- Relaxation**
- Eat / drink       Nap       Sit
- Smoke       Talk / visit       Tanning
- Watch the birds / wildlife       Other \_\_\_\_\_

c. How many times do you like to go outside in a week?

- Daily       2-3 times a week       4-5 times a week
- Once a week       Other \_\_\_\_\_

Notes:

**F0500H. How important is it to you to participate in religious services or practices? (PELI Q48)**

<b>Important</b>	<b>Not Important</b>	Go to
<input type="checkbox"/> Very important (1)	<input type="checkbox"/> Not very important (3)	<input type="text"/>
<input type="checkbox"/> Somewhat important (2)	<input type="checkbox"/> Not Important at all (4)	
<input type="checkbox"/> Important but can't do, no choice (5)		

a. What is your religious background?

b. Do you belong to a religious organization?

- Yes  No

c. If yes, which organization do you belong to?

- Synagogue  Church  Mosque  
 Other \_\_\_\_\_

d. If so, what is the name?

e. Which religious services or practices do you like?

<b>Dietary</b>	<input type="radio"/> Observe dietary requirements	<input type="radio"/> Kosher foods	<input type="radio"/> No meat on Fridays
<b>Religious Practices</b>	<input type="radio"/> Read / study the Torah / Bible / Koran / Other	<input type="radio"/> Pray / meditate	<input type="radio"/> Visits from clergy, pastor, priest, rabbi
	<input type="radio"/> Observe holy days (Specify: _____)	<input type="radio"/> (If Christian) Receive sacraments (Which ones? _____)	
<b>Religious Services</b>	<input type="radio"/> Attend religious services	<input type="radio"/> Listen to services on a tape / radio	<input type="radio"/> Watch service on TV
<b>Other</b>	<input type="radio"/> Other _____		

Notes:

**1=Very Important**

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**2=Somewhat Important**

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**3=Not Very Important**

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**4=Not Important at All**

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**5=Important, But Can't Do,  
No Choice**