

EXAMPLE ONLY

This is provided as a sample only.

Do not submit this document as part of an application package, as the application will be denied.

Resident Choice Assessment

Resident Name: _____

Meal Times: All dining is served 3 times daily. Breakfast is served at 7:30 am, Lunch at Noon, and Dinner at 5:00 pm. Snack and sandwiches are available 24 hours at each nursing station. Kitchen is open from 6:00 am until 8:00 pm daily to take special requests.

- Do you want to be brought into the dining room for breakfast at 7:30 am?
Yes No If not, is there a different time? ___:___ AM?
- Do you want to be brought into the dining room for lunch at Noon?
Yes No If not, is there a different time? ___:___ AM / PM?
- Do you want to be brought into the dining room for dinner at 5:00 pm?
Yes No If not, is there a different time? ___:___ PM?

Awake and Bed Times:

- What time do you like to get up in the morning? ___:___ AM
- What time do you like to go to bed each night? ___:___ PM
- Do you have special activities that affect your regular awake and Bed Times? Yes No
- If yes, which days are affected and what is your adjusted schedule?

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
___:___ AM						
___:___ PM						

Bath Schedule: Each room is set on a bathing schedule that is completed by morning or evening shift. Room schedules can be adjusted by resident request for preference.

- Please circle the period of time of day you prefer to be showered:
Morning Afternoon Evening

