

A tool to enrich your interactions



WHAT?

This tool is designed to foster meaningful interactions between older adults and professional caregivers, with the aim of improving the support provided.



WHY?

It allows us to build on people's desires, wishes, and abilities in order to better tailor our programmes and social activities.



HOW?

The different tabs guide you through a range of topics that can help spark discussions with the person. It is not necessary to ask all the questions; this booklet is intended as a source of inspiration rather than a questionnaire.



PERSONAL HISTORY

What would you like us to share about your personal story? (work, places, pets, nicknames...)



LIFESTYLE

What would your ideal day look like (routines, pets, visitors...)?



WISHES

What would you miss?
What would you like to do for yourself?



NEEDS

What do you need? What might worry or upset you? What would make it easier for you to go out?

OLDER ADULTS



HEALTH

Do you take care of your health?
Do you feel independent or dependent?



RELATIONSHIP

Do you enjoy interacting with other people?
Do you know your neighbors and people in the neighborhood?



LIVING SPACE

How do you feel at home?
Have you lived here for a long time?
Do you usually go out a bit?



LEISURE

How do you spend your free time? (books, radio, sports, music, gardening...)



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PERSONAL HISTORY

- In what year were you born?
- Where?
- What was your profession?
- What word, if any, best describes you?
- Your life story: how would you describe it?
- What are your favorite places: those where you've lived and those you've visited?
- What would you like us to know about you?
- What is the one thing people should remember about you?
- Have you ever had a nickname?
- Did you ever have a pet?
- Have you ever volunteered, or do you still volunteer?
- In which field?



LIFESTYLE

Tell me about your day:

- What would your ideal day look like?
- Do you have any habits?
- What makes you feel most fulfilled?
- What makes you happy?
- Do you have a pet?



WISHES

- What would you miss?
- What would you like to do for yourself?
- What are your plans? Your expectations?



HEALTH (SELF-CARE)

- Do you take care of your health?
- How do you take care of yourself?
- Do you feel independent?
 - > If so, in what way?
- Do you feel dependent?
 - > If so, in what way?



LEISURE

- How do you spend your free time?
- Do you like reading the newspaper, books, or comic books?
- Do you watch TV? What do you like to watch?
- Do you listen to the radio? Which station?
- Do you listen to music? Who is your favorite singer?
- Did you use to play sports? What about now?
- Are you creative?
- Do you like nature/gardening?



LIVING SPACE

- How do you feel at home?
- Have you lived here for a long time?
- Do you usually go out?
- Do you like to go for walks?
- How do you view our society?
- Do you feel comfortable in this society?
- What does aging mean to you?



RELATIONSHIPS

- Do you enjoy being around other people?
- Do you get visitors from time to time?
- Do you know your neighbors and people in the neighborhood?
- Do you get along well with your neighbors?
- Do you prefer to do things on your own or would you like to do them with someone?
- Do you have someone to share your hobbies or activities with?
- Who do you see most often?
- Are you satisfied with your relationships, or are there people you would like to see more often?
- Are you still in touch with your family?



NEEDS

- What do you need?
- What kinds of things might worry or upset you?
- What would make it easier for you to go out?

