



Member Interview Form

Member's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Member Completing Interview: \_\_\_\_\_

The length of the interview will vary from person to person depending on how the person communicates and how well the staff knows the member, if at all. A person who knows the member well should complete the interview form. Some of the information you may already know, if you know the person well. If you are unsure of a response, please test it by trying out different items/activities [and/or ask family members or people close to the member for their input?]. Please contact your supervisor if you have any questions.

**1. Share the member's favorite activities (music, movies, shopping, puzzles, etc.).**

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**2. What are some of the member's favorite foods?**

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**3. What events are exciting for the member?**

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**4. How does the member prefer to relax?**

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**5. What is important to the member (educational goals, play time, alone time, vocational goals, pets etc.)?**

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**6. What support does the member need in order to reach goals and/or participate in favorite activities?**

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**7. What characteristics does the member want to see in their provider (punctual, high-energy, lower-energy, talkative, quiet etc.)?**

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**8. What activities does the member dislike?**

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**9. Any additional comments?**

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