

What Comforts or Calms the Person I Support

Last updated: _____

What brings comfort and joy day to day, so anyone spending time with the person I support can help them feel at ease. Fill in by hand.

Name of the person I support: _____

Emergency contact & phone: _____

FAVORITE MUSIC, SONGS, AND ARTISTS

Songs and artists: _____

How they like it played (volume, time of day, singing along): _____

FAVORITE FOODS, DRINKS, AND TREATS

Foods: _____

Drinks: _____

Treats: _____

COMFORT OBJECTS *(blanket, photo, item to hold)*

Item: _____

Where it is kept: _____

Item: _____

Where it is kept: _____

Item: _____

Where it is kept: _____

FAVORITE ACTIVITIES AND HOBBIES *(even simple ones: folding towels, looking at photos, gardening)*

PEOPLE AND PETS THEY LOVE TO SEE OR HEAR ABOUT *(name and who they are)*

FAVORITE PLACES, TV SHOWS, MOVIES, OR RADIO

Places: _____

TV shows or movies: _____

Radio, stations, or programs: _____

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SENSORY COMFORTS (soft lighting, a certain scent, lotion, warm drink, hand massage)

What helps:

Does the person I support like gentle touch? ☐ Yes ☐ No ☐ Sometimes Only offer touch they welcome.

WORDS, TONE, AND APPROACH THAT REASSURE THEM (day to day)

Name they like to be called:

Tone, pace, and approach that work well:

For calming phrases during distress, see the Triggers & Warning Signs sheet.

BEST TIMES OF DAY AND WHAT THEY ENJOY THEN

Morning:

Afternoon:

Evening:

ROUTINES THAT HELP THEM SETTLE

Bedtime:

After a bath:

Other times:

THINGS THAT MAKE THEM LAUGH OR SMILE

THINGS THEY USED TO LOVE THAT MAY STILL BRING COMFORT

Comfort preferences can change. Watch for what works today and update this sheet. For distress that does not ease, see the Triggers & Warning Signs sheet.

