YOURTALE

My life story

Fill in what feels right and leave the rest. Use a pencil, so the answers can be corrected and added to over time. The family keeps the original, and the care home or care team gets a copy of the first page.

Read this first

This page is for the people who care for me and do not have time to read the rest. Keep it short and specific.

My name

I like to be called

Born (date and place)

The people closest to me now (name, relationship and phone)

Things I like to talk about

What calms me and helps me feel safe

What worries or upsets me, and what helps when it does

How I like my mornings and my evenings

Please do not bring up

Filled in by, and date

Answers from: me / my family / someone else

I agree that the people who care for me may read this (signature)

1. Childhood

Where did you grow up, and what was the house like?

Who lived in the house with you?

What was an ordinary day like when you were small: school, chores, games, meals?

School, and what came after it

A childhood memory you like to tell

Songs, smells or sounds that take you straight back

More room to write

2. Family

Write down the people who have died too, and say so. Then nobody asks when a sister is coming to visit.

Your parents: their names, what they did and what they were like

Brothers and sisters: names, and whether they are living

Husband, wife or partner: name

Children, grandchildren and great-grandchildren: names

Who matters most to you now? Who do you miss?

Pets you have had or loved

More room to write

3. Work

What work did you do, and where?

What did an ordinary working day look like? When did you get up, and what did you do first?

Work at home: raising children, running a house, a farm, caring for someone

What were you good at, or proud of?

People you worked with, and the best boss you had

When did you stop working, and what filled the time?

More room to write

4. Love and friendship

How did you meet your husband, wife or partner?

Your wedding, or the day you knew you would stay together

Your closest friends through the years, and where they are now

What makes a marriage or a friendship last, in your view?

Someone you loved who is no longer here (write as much or as little as you like)

More room to write

5. Places

The homes you have lived in, in order

The place that still feels most like home

Holidays and trips, and the place you would go back to

Churches, clubs, teams and groups you belonged to

A place you would like to visit again, or see a picture of

More room to write

6. A good day

Specific beats general here. “Likes music” helps nobody. “Settles when someone sings Amazing Grace with her” can be used this evening.

How you like to wake up and start the day

Food and drink: favorites, and what you will not eat

Music, radio, TV and reading you enjoy

Things you like to do with your hands: garden, cook, knit, fix, fold

Faith, beliefs and the holidays that matter to you

What calms you when you are worried, and what upsets you

Company, or time on your own?

How you like to end the day and go to sleep

Anything else the people who help you should know

More room to write

7. Timeline

For each stage, write the years or your age, where you lived and what happened. A few words on each line is enough.

STAGE OF LIFE	YEARS OR AGE	WHERE I LIVED	WHAT HAPPENED
Born			
Early childhood			
School years			
Teenage years			
Leaving home			
In my twenties			
In my thirties			
In my forties			
In my fifties			
In my sixties			
In my seventies			
Eighty and after			

Notes

Life story template from Yourtale, yourtale.art/en/blog/life-story-template-printable. It draws on published life story guidance from Alzheimer's Society and Dementia UK and is not affiliated with either. Free to copy and use in families, care homes and home care.