

MY PERSONAL DIRECTIONS FOR QUALITY LIVING

Name:

Date:

Please use my chosen name or nickname listed below:

My pronouns are:

To My Caregivers (paid and unpaid) & Family of Choice:

I am recording my personal preferences and information about myself in case I need long-term care services in my home or in a long-term care community in the future. Please always talk to me about my day-to-day life to see what it is that I want and enjoy. However, the information below may provide some help in understanding me and in providing my care. I hope this information will be useful to those who assist me.



PHOTO

I want my caregivers and family of choice to know the following important details about my life story:

The way I like to wake up and start my day includes (e.g., how and when to wake up, breakfast preferences, daily beauty and grooming routines, hairstyle):

The way I like to relax and prepare to sleep at night includes (e.g., nightly beauty and grooming routine, watch TV, reading, time to go to bed):

Clothing I like to wear for daily use, casual attire, special occasions, sleepwear, etc.:

Activities and special events I enjoy (e.g., hobbies, exercise, community events):

Things that I would like to have in my room:

Foods that I enjoy:

Things I do not like:

I become anxious when:

Things that calm or soothe me:

Things that make me laugh:

Religious, spiritual, or other cultural traditions I celebrate or practice:

Other information that I want you to know:

At the end of my life, I would like or not like, the following:

NOTE: This document is not intended to take the place of advance care planning. Advance care planning allows you to make decisions for your future care in case you cannot speak for yourself. We encourage everyone to speak with their doctor, loved ones, and/or an attorney about completing an advance directive.

For more information about me, please talk to:

This form was developed by The National Consumer Voice for Quality Long-Term Care to encourage communication between those of us who might need care and those who will be providing the care. Please adapt this tool to express your personal preferences, requests and wishes. Be sure to give a copy to your family members and/or trusted friends and talk with them about what you have written.

The National Consumer Voice for Quality Long-Term Care
202-332-2275 www.theconsumervoice.org



Special thanks to SAGE for helping us update this resource to ensure everyone has an opportunity to share what is important to them and their daily life. <https://www.sageusa.org/>

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