

# Shared Decision Making Worksheet

## Step 1: Consider Your Needs

*What types of things do I need help with?*

- Eating, getting dressed, using the bathroom, bathing or moving around the home
- Activities of daily living, such as preparing meals, paying bills or going shopping
- Obtaining care that calls for a nurse or therapist
- Medication and health management, such as keeping track of the pills taken, medical appointments, or checking your blood sugar or blood pressure
- Dealing with substance abuse issues
- Dealing with mental health needs
- Making decisions or keeping track of the things that need to get done
- Participating in social activities with family or friends
- Other: \_\_\_\_\_  
\_\_\_\_\_

*Who helps me?*

- My spouse or partner
- Family members or friends
- A Social worker or case manager
- Mental health providers
- Nurse care manager
- Primary care providers, such as physicians, nurse practitioners, or physicians assistants
- A paid caregiver
- I do not have regular help

<p><i>Where do I want to live?</i></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> In my home, as long as it's at all possible</li> <li><input type="checkbox"/> In my home, as long as my health care needs can be safely and comfortably managed</li> <li><input type="checkbox"/> In my home, even though it might not be what's best right now</li> <li><input type="checkbox"/> In a different home, as long as it is close to VA services and other support</li> <li><input type="checkbox"/> In a community where I or my loved one can receive the best possible individualized care</li> </ul>
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## Step 2: Explore Your Long Term Care Options

<p><i>Home-Based Long Term Care Options</i></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Adult day health care</li> <li><input type="checkbox"/> Home-based primary care</li> <li><input type="checkbox"/> Homemaker or home health aide</li> <li><input type="checkbox"/> Hospice care</li> <li><input type="checkbox"/> Palliative care</li> <li><input type="checkbox"/> Program of All-Inclusive Care for the Elderly (PACE)</li> <li><input type="checkbox"/> Respite care</li> <li><input type="checkbox"/> Skilled home health care</li> <li><input type="checkbox"/> Telehealth</li> <li><input type="checkbox"/> Veteran-directed home and community-based services</li> </ul>
<p><i>Residential Care in a Community Setting</i></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Adult family home / residential care home</li> <li><input type="checkbox"/> Independent living facility</li> <li><input type="checkbox"/> Assisted living facility</li> <li><input type="checkbox"/> Community residential care</li> <li><input type="checkbox"/> Domiciliary care in a state veteran's home</li> <li><input type="checkbox"/> Medical foster home</li> </ul>

<p><i>Nursing Home Options (24-hour skilled nursing needed)</i></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> VA living center, also referred to as a community living center</li> <li><input type="checkbox"/> Community nursing home</li> <li><input type="checkbox"/> State veterans home</li> </ul>
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**The reason(s) I chose these options is because it's important for me to:**  
*(Examples: be close to family, stay in my home, have care available at night)*

1. \_\_\_\_\_  
 \_\_\_\_\_

2. \_\_\_\_\_  
 \_\_\_\_\_

3. \_\_\_\_\_  
 \_\_\_\_\_

**Step 3: Get Others Involved in Your Decision Making**

<p><i>Who should be involved in planning for my long term care?</i></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> My spouse or partner</li> <li><input type="checkbox"/> Family members such as adult children, siblings and parents</li> <li><input type="checkbox"/> Close friends</li> <li><input type="checkbox"/> A social worker or case manager</li> <li><input type="checkbox"/> Mental health providers</li> <li><input type="checkbox"/> A nurse care manager</li> <li><input type="checkbox"/> Primary care providers, such as physicians, nurse practitioners or physicians assistants</li> </ul>
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**Who agrees with my favorite long term care options?** \_\_\_\_\_  
 \_\_\_\_\_

Who disagrees with my favorite long term care options? \_\_\_\_\_

What are the long term care options that everyone agrees could be best for me?

**Home-Based Long Term Care Options:**

- Adult day health care
- Home-based primary care
- Homemaker or home health aide
- Hospice care
- Palliative care
- Program of All-Inclusive Care for the Elderly (PACE)
- Respite care
- Skilled home health care
- Telehealth
- Veteran-directed home and community-based services

**Residential Care in a Community Setting:**

- Adult family home / residential care home
- Independent living facility
- Assisted living facility
- Community residential care
- Domiciliary care in a state veteran's home

**Nursing Home Options:**

*(24-hour skilled nursing needed)*

- VA living center, also referred to as a community living center
- Community nursing home
- State veterans home

## Step 4: Take Action on Your Decisions

- Learn more about your [top care options](#)
- Speak to your care team about your health needs and preferences
- Speak with your mental health provider about your care needs, if applicable
- Speak to your social worker about obtaining long term care services
- Get support from your family and friends

Jot down any outstanding question you have and bring it to your next meeting with your care team

*Care Team or Social Worker Contact Information*

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Next Appointment:** \_\_\_\_\_

**Questions:**

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_