

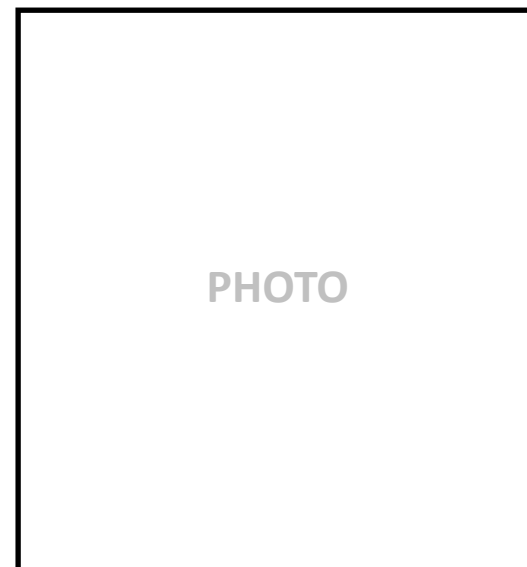
My Personal Directions for Quality Living

Name:

Date:

To My Caregivers (paid and unpaid):

I am recording my personal preferences and information about my self, in case I need long-term care services in my home or in a long-term care facility. I hope this information will be useful to those who assist me. 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 want my caregivers to know:

The way I like to awaken & begin my day:

The way I relax and prepare to sleep at night:

Activities I enjoy:

Things that I would like to have in my room:

Foods that I enjoy:

For comfort:

For fun:

Other:

Things I do not like:

I become anxious when:

Things that calm or soothe me:

Things that make me laugh

Religious preferences:

Other

At the end of my life, I would like:

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.

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