

# 5-steps to help you make decisions with purpose

When faced with big decisions, it's easy to let emotions take over. Instead, include the values of your loved one to ground the choices in meaningful ways. These pages help you walk through a purposeful, considered 5-step process. Discuss and weigh your options with others involved in the care.

Here's one example:

## 1. What problem or decision are we facing?

Mom's no longer able to function in her home alone.

## 2. What choices are available?

Explore the positives and negatives of these choices.

### a Live at home with hired caregivers coming to her house

*positive*

- familiar
- house is paid for

*negative*

- stranger coming into home
- feels like a prisoner
- limited socialization

### b Relocate to an assisted living facility

*positive*

- support with meals & meds
- more social interaction
- independence in own apartment

*negative*

- needs to move from home
- limited friends initially
- downsize possessions

### c

*positive*

*negative*

**3. What are important values of my loved one and our care team that will help us in deciding?**  
(see pages 32-39)

**Mom is:**  
**Fiercely independent**  
**Loves to socialize**  
**Wants ability to choose options**

**4. What resources are available to support our decision?**

Consider what makes this option possible  
(see pages 81-83 for more information.)

**Department on Aging**

**A Place for Mom**  
**Visiting senior communities and having lunch to get a feel**

**5. Have you weighed your options?**

Once you've worked through this, take time to document and discuss your decision.

**Mom visited 3 senior communities, we involved her by giving a list of 3 important questions she'd ask to see what felt right. We chose the facility with the most extensive activities list and let her choose the unit that was closest to the activities area.**

# Changes in daily care behavior for loved ones with dementia

Use this to jot down the behavior changes you notice. You can discuss these on your next doctor's visit.

	DATE / /	DATE / /
<b>Medical Management</b>		
<b>Hygiene</b>		
<b>Healthy Eating</b>		
<b>Mobility</b>		
<b>Behaviors</b>		

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# Changes in daily care needs

This worksheet will help you think about the changes you see in your loved one that affect their daily activities and help you build ways to manage these changes.

Taking your **loved one's values and wishes** into account, use this worksheet in a way that works best for you, refer back to them from time to time, and make additions as you see fit.

## Noticing changes

What **changes** have you noticed in your loved one related to daily care?

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*mm dd yyyy*

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*mm dd yyyy*

What **options** have you considered to support daily care challenges?

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*mm dd yyyy*

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*mm dd yyyy*

## Connecting to your network

Refer back to your **support network**.

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mm dd yyyy

Who can help you manage both yours and your loved one's daily care? Revisit page 25.

Write down contact information



Neighborhood

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Family

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Faith

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Friends

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There are also many **professionals** you can turn to for help and expertise.

Who can you reach out to? Revisit page 27.

Write down contact information



Finances

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Legal

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Health & Wellness

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Household

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## Applying your values to the decision

How can you manage your loved one's daily care? Revisit page 36 to 39.

What matters to you and your loved one in terms of **medical management**?

You might consider medical dietary restrictions, or exercise.

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*mm dd yyyy*

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*mm dd yyyy*



What matters to you and your loved one in terms of **healthy eating**?

You might consider favorite recipe and dish, or preparing soft and easy to swallow foods.

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*mm dd yyyy*

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*mm dd yyyy*



What matters to you and your loved one in terms of **hygiene**?

You might consider favorite outfit, or name of barber or beautician.

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*mm*     *dd*     *yyyy*

         /          /           
*mm*     *dd*     *yyyy*



What matters to you and your loved one in terms of **mobility**?

You might consider trusted drivers, or use of a walking aid (walker or wheelchair).

         /          /           
*mm*     *dd*     *yyyy*

         /          /           
*mm*     *dd*     *yyyy*

