

Long-Term Care Starter Worksheet

Use this resource page to empower you with the information needed to make thoughtful and informed choices for yourself or your care recipient's care. **Before making any phone calls or visits, consider and list your needs:**

What t	ype of care/resources do I need?		
	eed help with Activities of Daily Livin	ng (ADLs) a	nd Instrumental Activities of Daily
ADLs		IADLs	
	Mobility		Ability to use the telephone
	Transfers		Shopping
	Walking in the room/corridor		Food preparation
	Dressing		Housekeeping
	Eating		Laundry
	Toileting		Mode of transportation
	Personal hygiene		Medication management
	Bathing		Ability to handle finances
	Continence		
Elabora	ate on ADLs & IADLs I need help wit	h.	



What type of food would I like to eat?	
What am I able to afford?	
What other areas do I want to remain independe	ent/autonomous?
What else is important to me to have with facilit	cy care?
If I had to move, where would I like to live? Nea	r family?
What is important to me when it comes to care? Examples:	Rank your top 5
 Quality of care Meet your individual care needs Cost of care Nearby to your family Located in a safe neighborhood 	 Nearby to your friends Culturally-sensitive care Amenities: dining, activities, outdoor space, etc.
1.	
2.	
3.	
4.	
5.	

For checklists on what to look for when visiting facilities, visit keiro.org/ltc-checklist.