

# Veteran Shared Decision Making Worksheet

Veteran



- Use this Worksheet as you consider your needs and preferences for long term services and supports.
- Visit [www.va.gov/Geriatrics](http://www.va.gov/Geriatrics) to learn more about long term services and supports in VA and the community.
- Talk with your caregiver or family support person about this Worksheet.
- Use this Worksheet in discussions with your social worker and care team about the long term services and supports that are best for you.

Caregiver



Social Worker

Care Team

*Your eligibility is based on clinical need and service or setting availability.*

[www.va.gov/Geriatrics](http://www.va.gov/Geriatrics)



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## Step 1. Consider Needs

**What do you need help with?**

**I need help to:** *(Check any that apply)*

- Eat, get dressed, bathe, go to the toilet or get around the house.
- Do chores such as fixing meals, paying bills and shopping.
- Get care that requires a nurse or therapist.
- Check my blood pressure or blood sugar, keep track of medical visits or fill my pill box.
- Deal with my drug or alcohol issues.
- Deal with my mental health concerns.
- Make decisions and remember things I need to do.
- Do social things with family or friends.
- Other: \_\_\_\_\_

**Who helps you?**

**I have help from:** *(Check any that apply)*

- My spouse or partner.
- Family member or friend who lives with me.
- Family members or friends who come over to help me.
- Paid caregiver.
- I do not have any regular help.

**Where do you want to live?**

**I want to live:** *(Check only one)*

- In my home because that is the most important thing to me.
- In my home, if my health needs are met.
- In my home, but it is not best for me now.
- In a different home, but closer to VA services and supports.
- In a different place where I can receive more care.

## Step 2. Explore Options

### Long term care options I would consider are:

(Check your choices – to learn more, click on the links below or go to [www.va.gov/Geriatrics](http://www.va.gov/Geriatrics))

#### Options at my home

- Adult Day Health Care
- Home Based Primary Care
- Homemaker/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

#### Options in a residential setting

- Adult Family Home
- Assisted Living
- Community Residential Care
- Domiciliary Care  
(in a State Veterans Home)
- Medical Foster Home

#### Options at a nursing home

- Community Living Center  
(VA Nursing Home)
- Community Nursing Home
- State Veterans Home

### I chose these options because it is important to:

(Examples: stay at home, be close to friends/family, have help at night)

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

## Step 3. Involve Others

**Who is involved in your long term care planning?**

**People that help me make decisions about long term care are:** *(Check any that apply)*

- |   |   |
|---|---|
| <input type="checkbox"/> Spouse or partner          | <input type="checkbox"/> Nurse care manager   |
| <input type="checkbox"/> Family member/friend       | <input type="checkbox"/> Primary care provider (physician, nurse practitioner, physician assistant) |
| <input type="checkbox"/> Social worker/case manager | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Mental health provider     | _____   |

**People who agree with my favorite long term care option(s) are:**

\_\_\_\_\_

**People who disagree with my favorite long term care option(s) are:**

\_\_\_\_\_

**Long term care options we agree could be right for me are:**

*(Check your choices – to learn more, click on the links below or go to [www.va.gov/Geriatrics](http://www.va.gov/Geriatrics))*

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## Step 4. Take Action

- Use the [www.va.gov/Geriatrics](http://www.va.gov/Geriatrics) website
- Talk with my care team about my health needs
- Talk with my mental health provider about my care needs
- Talk with my social worker about getting long term care services
- Get support from my family and friends
- Write down my questions and bring them with me to my next visit
- Other: \_\_\_\_\_

### Questions:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_

### Bring to your next visit:

- This Worksheet after you fill it out
- The Caregiver Self-Assessment Worksheet
- A list of your questions
- Someone who can support you

### Care Team or Social Worker contact:

Date: \_\_\_\_\_

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

Phone: \_\_\_\_\_