



## IATB Dementia Care LLC.

### My Way...An Advanced Directive

To whom it may concern:

In the event that I should become cognitively impaired, I wish to record my preferences:

#### Sleep/Wake Cycle

**I maintain the following overall schedule:**

Time I usually rise: \_\_\_\_\_

Rely on alarm to wake up  Yes  No

Nap times: \_\_\_\_\_

Rely on alarm to wake up  Yes  No

Time I usually go to bed: \_\_\_\_\_

My side of the bed is:  Right  Left

#### Self-Care Routines

**I am accustomed to doing the following activities in the order indicated.**  
**(1 = the first activity I do upon arising; 2 = the second etc.)**

- |                                |                                    |
|--------------------------------|------------------------------------|
| _____ Bathe                    | _____ Read the paper               |
| _____ Brush my teeth           | _____ Shave                        |
| _____ Comb my hair             | _____ Use the toilet               |
| _____ Apply make-up            | _____ Feed the pets/animals        |
| _____ Dress                    | _____ Take medication(s)           |
| _____ Eat Breakfast            | _____ Watch TV news/weather/sports |
| _____ Make/drink cup of coffee |                                    |

#### Bathing

**My bathing preferences are:**

- a.  Shower  Sponge Bath  Tub Bath
- b.  Morning  Afternoon  Evening
- c.  Daily  Every other day  Once/week  Less than once/week



d.  Wash rag       Sponge       Other \_\_\_\_\_

- I never use same rag/sponge on face and groin/feet
- I never wash my face with the same water I sit in
- I brush my teeth in the shower
- I shave in the shower

**I bathe my bodily parts in this order: (1=first; 2=second; etc.)**

\_\_\_\_\_ Arms      \_\_\_\_\_ Feet      \_\_\_\_\_ Groin      \_\_\_\_\_ Back  
 \_\_\_\_\_ Hair (head)      \_\_\_\_\_ Chest      \_\_\_\_\_ Face      \_\_\_\_\_ Legs

**Toileting**

**Please check (and complete) your preferences:**

- I do not use public toilets
- I use the toilet immediately upon rising in the morning
- I get up \_\_\_\_\_ times during the night to use the toilet
- I don't believe in wasting toilet paper
- I use lots of toilet paper
- I fold the toilet paper neatly before use
- I shut the bathroom door when I use the toilet
- I need to sit awhile for my system to become active
- When I "get the urge" I have to go "NOW"
- I read while I sit on the toilet
- I always stand when I urinate

**Dressing/Undressing**

**Please check your preferences:**

- I sleep in the nude
- I sleep in my underwear
- I sleep in pajamas
- I sleep in a nightshirt/night gown
- I stand while I dress
- I sit while I dress

I put my  left  right arm into cardigan-type garments first

When putting on cardigan-type garments, I put both hands in together and slip it over my head

I put my  left  right foot into lower extremity garments first

I put on my  left  right shoe first

**Females:**

- I hook my bra in the front of my body and then turn it to the back
- I hook my bra in the back
- I don't wear a bra
- I always wear nylons
- I always wear high heeled shoes

**Males:**

I wear  jockey-style  boxer-style underpants



## Feeding

**Please check (and complete) your preferences:**

- I never eat breakfast
- I eat one food at a time and finish that food before I start another
- I do not like my peas smashed into my mashed potatoes
- I always place my meat at noon and my vegetables at 3:00 o'clock
- I feed myself with my  left  right hand
- I prefer to sip liquids  before  during  after my meal

I would gag if someone fed me \_\_\_\_\_

- I cannot eat if someone near me chews with his/her mouth open

## About Me

**Occupation:** \_\_\_\_\_

- I worked outdoors
- I worked indoors
- I worked for \_\_\_\_ years in my occupation

Key elements of my job: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Leisure/Hobbies:**

- I enjoy inside activities
- I enjoy outside activities
- I would rather participate in group activities
- I would rather participate in individual activities

## Assistive Directives

**Check only those devices that you have used:**

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> Crutches   | <input type="checkbox"/> Cane             |
| <input type="checkbox"/> Walker     | <input type="checkbox"/> Braces           |
| <input type="checkbox"/> Splints    | <input type="checkbox"/> Corrective shoes |
| <input type="checkbox"/> Wheelchair |   |