



ASSISTED LIVING CHOICES WORKSHEET

Copy this worksheet for each Assisted Living Residence you visit.
 Before you visit, read the questions below and mark (✓) the questions you want to be sure to ask.

Assisted Living Name: _____ Address: _____
 Administrator's Name: _____ Phone Number: _____
 Date/Time of Visit: _____ May I come for a meal? _____

QUESTIONS FOR ADMINISTRATOR OR STAFF

✓ Ask

Facility and Rooms

- What special licenses do you have?
 - Extended Congregate Care Yes No
 - Limited Nursing Service Yes No
 - Limited Mental Health Yes No
- How many bedrooms or apartments are in this residence?
- Is a private room available now? Can I choose my room? Yes No
- Do rooms have private bathrooms with a shower or tub? Yes No
- If bathrooms are shared—where are they located and how many people share them?
- Do bathrooms have grab bars in showers and raised toilets Yes No
- Is a roll- in shower available? Yes No
- Is there an emergency alert system in the room? Yes No
- Do I control the A/C and heat in my room? Yes No
- Can I bring my own furniture? Yes No
- Is there a kitchen or small refrigerator in the room? Yes No
- Can I stay here if I need to use a walker or wheelchair (now or in the future)? Yes No
- How are emergencies (medical, fire, hurricane) handled?



Do you have these special staff or will you help arrange services? Extra Cost?

- | | | | |
|--------------------------|--|------|--------------|
| <input type="checkbox"/> | Registered nurse? | Have | Will Arrange |
| <input type="checkbox"/> | Activities director? | Have | Will Arrange |
| <input type="checkbox"/> | Social worker or someone who finds services? | Have | Will Arrange |
| <input type="checkbox"/> | Beautician/Barber? | Have | Will Arrange |
| <input type="checkbox"/> | Home health? | Have | Will Arrange |
| <input type="checkbox"/> | Physical Therapist? | Have | Will Arrange |
| <input type="checkbox"/> | Podiatrist? | Have | Will Arrange |
| <input type="checkbox"/> | Physician? | Have | Will Arrange |
| <input type="checkbox"/> | Pharmacist? | Have | Will Arrange |
| <input type="checkbox"/> | Do volunteers offer special programs? | Yes | No |

Food (ask for a menu)

- | | | | |
|--------------------------|------------------------------------|-----|----|
| <input type="checkbox"/> | Do you offer choices at each meal? | Yes | No |
| <input type="checkbox"/> | Do you eat at a set time? | Yes | No |
| <input type="checkbox"/> | May I sit where I want? | Yes | No |
| <input type="checkbox"/> | May I eat in my own room? | Yes | No |
| <input type="checkbox"/> | May visitors eat here? | Yes | No |

What is the monthly base rate for a room (ask for an admission packet):

Private Room Shared Room (per person) Other (Suite, Apartment, etc.)

Does monthly rate include: Extra Cost?

- | | | | |
|--------------------------|--|-----|----|
| <input type="checkbox"/> | Three meals and snacks every day? | Yes | No |
| <input type="checkbox"/> | Weekly housekeeping? | Yes | No |
| <input type="checkbox"/> | Making bed daily? | Yes | No |
| <input type="checkbox"/> | Washing linens (sheets & towels)? | Yes | No |
| <input type="checkbox"/> | Personal laundry? | Yes | No |
| <input type="checkbox"/> | Parking space for my own car? | Yes | No |
| <input type="checkbox"/> | Transportation to medical appointments? | Yes | No |
| <input type="checkbox"/> | Transportation to shopping? | Yes | No |
| <input type="checkbox"/> | Telephone jack available for my telephone service? | Yes | No |
| <input type="checkbox"/> | Cable TV hookup? | Yes | No |
| <input type="checkbox"/> | Help with medications? | Yes | No |
| <input type="checkbox"/> | Help with shower? | Yes | No |
| <input type="checkbox"/> | Help with dressing/grooming? | Yes | No |
| <input type="checkbox"/> | Help with incontinence? | Yes | No |
| <input type="checkbox"/> | Help with eating? | Yes | No |
| <input type="checkbox"/> | Help for memory impairment or dementia? | Yes | No |
| <input type="checkbox"/> | How much help with personal care (such as bathing, dressing or getting in and out of a chair) can you provide? | | |
| | • Supervision only (I do it myself) | Yes | No |
| | • Assistance (you help me to do it myself) | Yes | No |
| | • Hands on help (you do it for me) | Yes | No |
| <input type="checkbox"/> | Will I have a written plan of care? | Yes | No |
| <input type="checkbox"/> | Do you accept Medicaid and other government assistance to cover room, board, and personal care? | Yes | No |



Rules (ask for a copy of the house rules)

- | | | | |
|--------------------------|---|-----|----|
| <input type="checkbox"/> | May I decide when to wake up and go to sleep? | Yes | No |
| <input type="checkbox"/> | Are pets allowed at the facility? | Yes | No |
| <input type="checkbox"/> | May I have visitors at any time? | Yes | No |
| <input type="checkbox"/> | Under what circumstances would I have to move out of this facility? | | |
| | • Incontinence | Yes | No |
| | • Dementia | Yes | No |
| | • Need for someone to give me my medications | Yes | No |
| | • Need for injections | Yes | No |
| | • Needing more help than I do now | Yes | No |

Write down other privileges that are important to you and ask if they are permitted (alcohol use, smoking, playing music or radio, etc.):

- | | | | |
|--------------------------|----------|-----|----|
| <input type="checkbox"/> | 1. _____ | Yes | No |
| <input type="checkbox"/> | 2. _____ | Yes | No |

Activities (ask for activity calendar)

- | | | | |
|--------------------------|--|-----|----|
| <input type="checkbox"/> | How often is exercise offered? | Yes | No |
| <input type="checkbox"/> | Do you have a van in working condition? | Yes | No |
| <input type="checkbox"/> | Is transportation available to my place of worship? | Yes | No |
| <input type="checkbox"/> | What religious services are offered here? Yes No | | |
| <input type="checkbox"/> | What types of activities are offered out of the building? Yes No | | |
| <input type="checkbox"/> | Do people from the community offer activities here? Yes No | | |

List other favorite activities and ask if each is available (things you like to do daily, weekly, or monthly):

- | | | | |
|--------------------------|----------|-----|----|
| <input type="checkbox"/> | 1. _____ | Yes | No |
| <input type="checkbox"/> | 2. _____ | Yes | No |

May I have a tour of the facility and see the room I would be renting? Yes No

May I talk to a resident privately? Yes No

Complete After the Interview and Tour (Questions for the Potential Resident)

Facility	Comments
Are there places to walk or sit outside?	Yes No
Does the facility feel homey?	Yes No
Is your room a good size with enough storage space?	Yes No
Is the common area comfortable?	Yes No
Does the facility feel safe and secure?	Yes No
Do you feel comfortable in the neighborhood?	Yes No
Are stores, restaurants, etc. nearby?	Yes No
What is the distance (miles) between this facility and your closest friend or family member?	

Staffing

- | | | |
|---|-----|----|
| Are the staff pleasant? | Yes | No |
| Do they answer your questions honestly? | Yes | No |
| Do there appear to be enough staff? | Yes | No |



Activities

Are the activities planned outside the facility fun and affordable?	Yes	No
Did you meet people who you would enjoy getting to know later?	Yes	No
Did today's meal look & taste good (if available)?	Yes	No
Do you like this week's menu (if available)?	Yes	No

Advantages of this Facility

Disadvantages of this Facility

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My overall rating of this facility: Excellent Good Fair Poor

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