



Caring Solutions, LLC



enriching life at home

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When Should I Get Involved?

The following assessment was developed to help family members quickly assess a loved one's condition. We suggest that if you have concern with two or more issues, it may be time to take a more active role in a loved one's life. Chances are that your loved one may be struggling unnecessarily and it might be time to explore ways to help in a 'proactive' fashion rather than waiting to react.

		YES	NO
MEDICAL CONDITION	Has your loved one been diagnosed with a disease, illness or other medical condition that could impact daily living activities?	<input type="checkbox"/>	<input type="checkbox"/>
	Is the medical condition likely to cause limitations to a person's abilities now or in the future?	<input type="checkbox"/>	<input type="checkbox"/>
DRIVING	If your loved one drives, is there reason to believe there is an above average risk for being involved in an accident?	<input type="checkbox"/>	<input type="checkbox"/>
	Are reflexes or the ability to respond in unexpected situation appropriate?	<input type="checkbox"/>	<input type="checkbox"/>
	Is he/she likely to get lost and panic?	<input type="checkbox"/>	<input type="checkbox"/>
FOOD/NUTRITION	Is your loved one eating well balanced meals?	<input type="checkbox"/>	<input type="checkbox"/>
	Is his/her weight stable?	<input type="checkbox"/>	<input type="checkbox"/>
	Is there a reasonable variety of food in the refrigerator (with future expiration dates)?	<input type="checkbox"/>	<input type="checkbox"/>
HYGIENE	Is your loved one looking and smelling okay - including his/her breath?	<input type="checkbox"/>	<input type="checkbox"/>
	Does it appear that bathing occurs regularly?	<input type="checkbox"/>	<input type="checkbox"/>
	Does overall appearance, grooming and ability to match clothing compare to prior years?	<input type="checkbox"/>	<input type="checkbox"/>
	Are the linens and towels fresh?	<input type="checkbox"/>	<input type="checkbox"/>

		YES	NO
BEHAVIOR	Does your loved one seem anxious or irritable?	<input type="checkbox"/>	<input type="checkbox"/>
	Does being away from home make him/her seem uncomfortable?	<input type="checkbox"/>	<input type="checkbox"/>
	Does it appear that he/she is depressed?	<input type="checkbox"/>	<input type="checkbox"/>
	Are there inconsistencies in the things that are said?	<input type="checkbox"/>	<input type="checkbox"/>
	Does your loved one remember names, places and current events?	<input type="checkbox"/>	<input type="checkbox"/>
DAILY TASKS	Do basic tasks seem overly challenging, frustrating or time consuming for your loved one? (Example: getting ready to go out, preparing a meal or shopping.)	<input type="checkbox"/>	<input type="checkbox"/>
MEDICATION	Can your loved one manage medications properly including dosage, frequency and changes to prescriptions?	<input type="checkbox"/>	<input type="checkbox"/>
	Is there an understanding of why the medications are being taken?	<input type="checkbox"/>	<input type="checkbox"/>
	Are prescriptions getting refilled in a timely fashion?	<input type="checkbox"/>	<input type="checkbox"/>
FINANCES	Does it appear that your loved one is capable of making sound financial decisions?	<input type="checkbox"/>	<input type="checkbox"/>
	Can he/she take care of personal finances?	<input type="checkbox"/>	<input type="checkbox"/>
	Is there a reasonable amount of cash on hand?	<input type="checkbox"/>	<input type="checkbox"/>
MAIL	Is the mail stacking up?	<input type="checkbox"/>	<input type="checkbox"/>
	Do you see any past due or delinquency notices?	<input type="checkbox"/>	<input type="checkbox"/>
	Does your loved one appear to be a target for solicitation offers?	<input type="checkbox"/>	<input type="checkbox"/>
SAFETY	Is your loved one careful about turning off appliances (example: stove, coffee pot)?	<input type="checkbox"/>	<input type="checkbox"/>
	Have you ever noticed him/her carelessly leaving candles or cigarettes burning?	<input type="checkbox"/>	<input type="checkbox"/>
	Are sharp objects properly put away?	<input type="checkbox"/>	<input type="checkbox"/>
	Are the doors and windows kept locked; and can he/she locate the keys?	<input type="checkbox"/>	<input type="checkbox"/>