



# Assessing Senior Safety & Well-being Checklists

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# Introduction

There's no place like home, so it's no surprise that's where many seniors want to live for as long as possible as safely as possible. But how do you know if your loved ones need help in order to **age in place** ☑?

According to the AARP, approximately 90 percent of seniors intend to continue living in their current homes for the next five to 10 years. But only 65 percent of seniors between the ages of 60 and 70 find it very easy to live independently, and only 43 percent among those aged 70 and older find it very easy.

Developing a plan to accommodate changes in your loved ones' health and function can be difficult — but not having a plan can be more difficult, cost more money and cause more heartache. It can be tough to **initiate “The Talk”** ☑ about health, legal, financial and end-of-life issues with an aging parent, but one conversation can make all the difference.

**Dr. Ron Poropatich** ☑ retired from the U.S. Army after 30 years of service as a pulmonary and critical care physician. He currently serves as the executive director of the Center for Military Medicine Research and a professor of medicine at the University of Pittsburgh and is a long-standing educator and faculty member at the Uniformed Services University of the Health Sciences in Bethesda, Maryland. A few years ago, he was the primary caregiver for his elderly parents. Based on that experience and his years as a doctor, he created a list of things to think about when it comes to senior care. These comprehensive checklists detail everything a 55-year-old should be thinking about as they help their parents age in place.

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# Introduction

If you're visiting a loved one who lives alone, you can use these checklists to evaluate their level of home safety and gauge their general well-being. Use the results of these checklists to begin a dialogue with your loved ones and their health care providers. Discussing each area of function can provide a structure for the conversation.

It's important to understand that "The Talk" really isn't a one-time thing. It's simply the first in a series of conversations — not debates — over time.

So, hear and understand what your loved one is saying, and show empathy and respect by addressing how your loved one's wishes can be honored.

Keep in mind that your loved one may have difficulty in one area of function and not another. Remember, too, that things change, so assess the situation on a periodic basis.

This can be monthly or more frequently in the event of an illness or accident. Completing the assessment multiple times will help identify where change has occurred and, over time, can predict where support is needed to maintain independent living at home.

Being prepared helps respect the wishes of your loved one, involves them in how they want to be cared for, and minimizes the anxiety and stress that occurs when quick decisions must be made.



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## CHAPTER ONE

# Home Maintenance and Living Situation

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- YES | NO** Is the house reasonably clean and tidy? Is the house stocked with dish soap, laundry soap and other cleaning supplies?
- YES | NO** Is he able to buy groceries independently, or, if not, is he using a grocery delivery or a meal delivery service?
- YES | NO** Is there expired or rotten food in the refrigerator?
- YES | NO** If she is still driving, does she have a current driver's license? Is she driving safely?
- YES | NO** Are any canes, walkers, scooters or other aids in good shape and being used effectively?
- YES | NO** If stairlifts are in place, does he have a backup plan in place if a power outage occurs so he can get to the main living area and evacuated during an emergency?
- YES | NO** Are the electrical systems — fans, space heaters, and central heating and cooling — functioning properly and safely? Does he know whom to call if they fail?
- YES | NO** Does she have a home security system notification roster for families in place and family names and phone numbers available to a security firm?

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- YES | NO** Does he keep keys to the house with neighbors who can respond quickly to emergencies at all hours of the day?
- YES | NO** Does she have multiple portable phones accessible in highly used rooms of the house?
- YES | NO** Are there night-lights in place to avoid falls when going to the bathroom at night? Would she benefit from light timers?
- YES | NO** Are there throw rugs in traveled walkways that might lead to a fall?
- YES | NO** Are there extension cords in walkway spaces?
- YES | NO** Does she avoid overloading of power outlets with excessive plugs?
- YES | NO** Does he ensure smoke detectors are in place and batteries changed regularly, such as when clocks are switched to daylight savings time?
- YES | NO** Is she able to transfer into the bath or shower safely, or would she benefit from handrails in the shower and along the toilet?
- YES | NO** Would an elevated toilet seat ensure easier ability to rise from his seated position?

## NOTES

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## CHAPTER TWO

# Health Care

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- YES | NO** Does she have a list of medical problems, drug allergies and current medications written down, and has she distributed it to family members and, if necessary, neighbors?
- YES | NO** Has she ensured family members know the name and contact information for her primary care provider?
- YES | NO** Is he taking medications as directed, or would she benefit from someone preloading daily medications into pill vials she can either take herself or can be given by hired help?
- YES | NO** Is he aware of foods that may interact adversely with his medications?
- YES | NO** Are you aware of what medications and supplements he is taking?
- YES | NO** If she is self-administering medical treatment such as oxygen, injections or wound-care, is it being monitored and managed effectively?
- YES | NO** Does he get the annual flu shot and a pneumococcal vaccine every five years?
- YES | NO** Has he provided copies of recent lab tests to local family members who would respond to a medical emergency and help identify changes in clinical status?

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- YES | NO** Does she get checked regularly for vitamin D deficiency?  
Does she get regular thyroid lab tests?
  
- YES | NO** If he aware of the signs and symptoms of hypoglycemia  
and hyperglycemia?
  
- YES | NO** Does he cut his toenails regularly? If he's diabetic, has he  
had a foot exam recently?
  
- YES | NO** Has she visited a dentist, optometrist or physician in the  
past year?
  
- YES | NO** If he has limited mobility, would he benefit from an  
in-home aide?
  
- YES | NO** Is he bathing at least once a week?
  
- YES | NO** If she struggles with incontinence, does the bed have  
disposable "chucks"?
  
- YES | NO** Is he maintaining a healthy, consistent weight? Have you  
noticed any weight loss?

**NOTES**

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## CHAPTER THREE

# In-home Technologies

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- YES | NO** Are the fire extinguishers, carbon monoxide detectors and smoke detectors functioning?
- YES | NO** Are there surge protectors in place for appliances with computer circuit boards?
- YES | NO** Does she have a personal emergency response system (PERS), or medical alert device, in place?
- YES | NO** Is there a phone or emergency call system easily accessible in all rooms?
- YES | NO** Has he considered in-home monitoring equipment based on whatever chronic disease he faces?

### NOTES

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## CHAPTER FOUR

# Financial Affairs

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- YES | NO** Has she ensured checking accounts are listed in joint accounts for children who are truly committed to her welfare?
- YES | NO** Does he have an inventory of all financial assets — stocks, bonds, checking accounts — that’s in an accessible location for the identified executor?
- YES | NO** Is he paying bills and keeping track of expenses?
- YES | NO** Has she checked with the Department of Veterans Affairs to see if she qualifies for home health care financial assistance?

### NOTES

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## CHAPTER FIVE

# Legal Paperwork

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- YES | NO** Does she have a power of attorney and living will in place with copies made available to all family members?
- YES | NO** Are his home deed, living trust and copies of financial holdings stored in an accessible location for the family member identified as executor to the estate?
- YES | NO** Does she include a listing of executor and a backup executor in the event the primary executor is unavailable or unwilling to serve in this capacity?
- YES | NO** Has he ensured his family members have information on cemetery plots and funeral and burial instructions?
- YES | NO** Has she considered preparing an obituary in advance to soften the load when other burial decisions are being made?

### NOTES

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