Ten Considerations Worksheet

Care Partner Tool Kit

TEN CONSIDERATIONS… **Date completed_____**

HERE ARE TEN CONSIDERATIONS TO HELP YOU DETERMINE IF IT MIGHT BE TIME TO GET MORE INVOLVED AND HELP A LOVED ONE ADDRESS CHALLENGES HE OR SHE MAY BE FACING.

Please rank each item from 1 to 10, 1—not a concern, 5—starting to be a concern, and 10—a major concern that needs attention.

1. MEDICAL CONDITION- Has your loved one been diagnosed with a disease, illness, or other medical condition that could impact his or her ability to function in daily life?

1 5 10

2. DRIVING- If your loved one drives, is there reason to believe he or she poses an above average risk of being involved in an accident? How are your loved one's vision, reflexes, and ability to respond in unexpected situations?

1 5 10

3. FOOD/NUTRITION- Is your loved one eating a balanced diet? Is his or her weight stable? Does he or she have a reasonable variety of food in the refrigerator with future expiration dates?

1 5 10

4. HYGIENE- Does it appear your loved one is bathing and brushing his or her teeth regularly? How are his or her overall appearance, grooming and ability to match clothing compared to prior years? Are the bed linens and towels fresh? Does the soap in the bathroom appear to have been used recently?

1 5 10

5. BEHAVIOR- Does your loved one seem anxious or irritable- more so than usual? Does being away from home make him or her uncomfortable? Does he or she seem depressed? Is there inconsistence in the things he or she says? Does your loved one remember names, places, and current events?

1 5 10

6. DAILY TASKS- Are basic tasks, such as getting ready to go out or preparing a meal or shopping, overly challenging, frustrating, or time consuming for your loved one? Does their living space appear clean? Is there a concern about hoarding?

1 5 10

7. MEDICATION- Can your loved one manage his or her medications properly including dosage, frequency, and changes in prescriptions? Does your loved one understand why he or she is taking the medication? Are prescriptions getting refilled on a timely manner?

1 5 10

8. FINANCES- Does it appear your loved one is capable of making sound financial decisions? Is he or she able to manage personal affairs and finances? Does he or she have a reasonable amount of cash on hand? Have there been any unusual purchases or suspicious expenses or investments?

1 5 10

9. MAIL/EMAIL- Is the mail stacking up? Is there reason to suspect any past due or delinquency notices or email hacks? Does your loved one appear to be a target for solicitation and sweepstakes offers or fraudulent emails?

1 5 10

10. SAFETY- Is your loved one careful about turning off appliances (e.g. stove, coffee pot, etc.)? Does he or she ever carelessly leave candles or cigarettes burning? Are sharp objects properly out away. Are firearms properly put away? Are the stairs and hallways unobstructed? Are the doors and windows locked? Is he or she able to easily locate their house and car keys? Is there any reason to believe someone is trying to control or take advantage of him or her?

1 5 10

(This is a great exercise to continue to do every six months as your loved one's condition or disease progresses.)

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