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- **Activities of Daily Living**
 - Loss of mobility
 - Frequent falls
 - Weight loss or gain
 - Inability to maintain personal hygiene
 - Loss of usual pride in appearance
 - Change in sleep patterns
 - Inability to maintain home/yard
 - Inability to work in kitchen safely
 - Inability to process laundry
 - Inability to deal with mail
 - Inability to do errands outside the home
 - Any auto accidents?
- **Memory Problems**
 - Has short term or long term memory worsened?
 - If changes have been noted, has it been evaluated by the primary MD?
 - Are they living in the past?
 - Do you get vague and tangential answers to direct questions?
 - Are they unable to follow directions?
- **Medications**
 - Are they taking their medicine as ordered?
 - Do they need help with their medicine?
 - Is a mediset required and can they set it up?
 - Do they know why they are taking each medication? Do you?
 - Do they know the usual side-effects to the medicine? Do you?
- **Psych/Social Issues**
 - Lack of interest in usual activities
 - Are the drapes drawn all the time?
 - Loss of contact with family and friends, including phone contact
 - Are the neighbors concerned?
 - Is the family pet doing well?
 - Has control changed of any pre-existing mental health issue?
- **Support Structures**
 - Does a family member have a Durable Power of Attorney?
 - Are there Advanced Healthcare Directives?
 - Is there normal family interaction?
 - Is there normal interaction with friends?
 - Has the family discussed a plan for when help becomes necessary?