TO INTERVENE OR NOT TO INTERVENE: 7 QUESTIONS TO HELP YOU ASSESS YOUR LOVED ONE'S RISK FACTOR

If you feel your loved one is at risk, your best option is to try to arrange a professional Geriatric assessment. These seven questions will help alert you to several potential risks. Complete each phrase with one or more statements. Circle the numbers that apply.

Remember, this is only a guide. If your senses tell you something is not as it should be, get help immediately. Don't be deterred if you can't identify the problem. Enlist the services of a healthcare professional to diagnose and treat the problem as quickly as you possibly can.

1. My loved one... (circle one or more)

- 1. Has always been a pack rat, so the house has always had stacks of newspapers, mail and other things standing around. (In other words, nothing has changed.)
- 2. Used to be well groomed, but now wears stained clothing and/or doesn't bathe as frequently as she used to.
- 3. Used to go out frequently, but currently refuses to go out except in rare circumstances.
- 4. Shows none of the changes in number 1, 2, or 3.
- 5. Has exhibited these and other warning signs in the past six months that signal changes that should be investigated by a medical professional.

(If you circled numbers 2, 3, or 5 it is time for a professional geriatric assessment.)

2. My loved one ... (circle one or more)

- 1. Takes several medications or more daily.
- 2. Often forgets or becomes confused and doesn't take his/her medications properly.
- 3. Takes multiple medications and drinks significant amounts of alcohol.
- 4. Seems to take his/her medications properly.
- 5. Is at risk because it is unlikely he/she can properly dispense medications.

(If you circled 2, 3, or 5 our parent may at risk from a complication due to the improper use of medications and alcohol.)

3. My loved one ... (circle one or more)

- 1. Has been hospitalized more than once during the past 6 months.
- 2. Has fallen and broken a hip or arm in the last 6 months.

- 3. Has stumbled or fallen more than once in the last 6 months, without breaking any bones.
- 4. Shows no signs of having fallen in the past 6 months.
- 5. Has poor balance or vision and is at risk for falls and the serious problems that may result from them.

(If you circled 1, 2, 3, or 5 consider a medication evaluation by a board certified geriatric specialist.)

4. My loved one ... (circle one or more)

- 1. Has a vision problem severe enough to stop him/her from participating in activities even when wearing glasses.
- 2. Has hearing problems severe enough to keep him/her from taking part in conversations or understanding even when wearing a hearing aide
- 3. Has difficulty getting around his/her own home even with a walker, cane, or wheel chair
- 4. Has little or no problem as long he/she uses the appropriate assistive device.
- 5. Is increasingly isolated due to physical limitations.

(If you circled 1, 2, 3, or 5 you parent may require a home health aide or an assisted living community for safety and to reduce the physical and emotional repercussions of isolation.).

5. My loved one ... (circle one or more)

- 1. Is unable to shop for or cook his/her own food.
- 2. Seems to have lost interest in food.
- 3. Eats reasonable amounts of nutritious food every day.
- 4. Is at risk for problems that arise from poor nutrition.

(If you circled 1, 2, 3, or 5 your parent may require a medical evaluation to determine the reasons for the changes in his eating habits. Consider a home health aide or assisted living community to meet his needs.)

6. My loved one...(circle one or more)

- 1. Is increasingly confused and forgetful.
- 2. Could easily be taken advantage of by unscrupulous vendors or con artists.
- 3. Would probably let a stranger into his/her home.
- 4. Has good cognitive ability.
- 5. Is at risk for accidents and abuse because of confusion and memory loss.

(If you circled 1, 2, 3, or 5 your parent requires a complete geriatric assessment and supervised care.)

7. My loved one... (Circle one or more)

1. Could safely evacuate in the event of a fire.

- 2. Could call for help in the event of an emergency.
- 3. Is safe in the tub and/or shower.
- 4. Is safe alone at home.
- 5. Is at risk when he/she is home alone.

(If you circled number 5 consider a home health aide or assisted living community to help keep your parent safe.)

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