SENIOR SAFETY & WELL-BEING CHECKLIST

Visiting Older Loved Ones Who Live Alone
If you’re visiting an older adult who lives alone, you can use this checklist to evaluate their level of home safety and gauge their general well-being.

Food, Nutrition & Kitchen Safety

☐ YES ☐ NO Does she keep a well-stocked pantry and a variety of fresh fruit and vegetables on hand?
☐ YES ☐ NO Is he aware of foods that may interact adversely with his medications?
☐ YES ☐ NO Is she able to buy groceries independently, or, if not, is she using a grocery delivery or a meal delivery service?
☐ YES ☐ NO Is there expired or rotten food in the refrigerator?
☐ YES ☐ NO Can he prepare a meal without assistance?
☐ YES ☐ NO Can she easily operate a microwave?
☐ YES ☐ NO Does he have a healthy appetite?

Notes

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

A Place for Mom ® | Trusted Senior Living Advisors | Toll-Free (877) 311-6099 | www.aplaceformom.com
© Copyright 2015 A Place for Mom, Inc. All rights reserved.
**Communication & Cognitive Function**

- **YES** □ NO  Does she recognize family and friends?
- **YES** □ NO  Can he hold a coherent conversation?
- **YES** □ NO  Does she show any atypical signs of memory loss?
- **YES** □ NO  Has he ever gotten lost in the community or experienced an episode of confusion?
- **YES** □ NO  Can she clearly communicate needs?

**Medications & Health Status**

- **YES** □ NO  Has he visited a dentist, optometrist or physician in the past year?
- **YES** □ NO  If she wears glasses, are the glasses in good shape?
- **YES** □ NO  Does he show any signs of poor vision, such as squinting or sitting too close to the TV?
- **YES** □ NO  Is she maintaining a healthy, consistent weight? Have you noticed any weight loss?
- **YES** □ NO  Are you aware of what medications and supplements he is taking?
- **YES** □ NO  Is she taking medications as directed?
- **YES** □ NO  If he is self-administering medical treatment such as oxygen, injections or wound-care, is it being monitored and managed effectively?

**Notes**

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
Mobility & Functioning

☐ YES  ☐ NO  Is she able to walk independently indoors and outdoors? Does she have a steady gait and appear stable when walking?

☐ YES  ☐ NO  Are any canes, walkers, scooters or other aids in good shape and being used effectively?

☐ YES  ☐ NO  Is he free of signs that may indicate a recent fall such as bruising or scratches?

☐ YES  ☐ NO  If she is still driving, does she have a current driver’s license? Is she driving safely?

☐ YES  ☐ NO  If she is not driving, is she able easily arrange for transportation as needed?

☐ YES  ☐ NO  If there are stairs in the home, is he able to walk up and down safely?

☐ YES  ☐ NO  Is she able to retrieve mail and newspapers safely?

☐ YES  ☐ NO  Is he able to get in and out of bed safely?

Notes
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
House & Home Safety

☐ YES  ☐ NO  Is the home well-lit, easy to navigate and free of fall risks, such as open extension cords and loose rugs?

☐ YES  ☐ NO  Are working night lights placed appropriately throughout the house?

☐ YES  ☐ NO  Are the electrical systems -- fans, space heaters and central heating and cooling -- functioning properly and safely?

☐ YES  ☐ NO  Is the house reasonably clean and tidy? Is the house stocked with dish soap, laundry soap and other cleaning supplies?

☐ YES  ☐ NO  Are the fire extinguishers, carbon monoxide detectors and smoke detectors functioning?

☐ YES  ☐ NO  Is there a phone or emergency call system easily accessible in all rooms?

☐ YES  ☐ NO  Are his pets being cared for adequately?

☐ YES  ☐ NO  Do interior stairs have railings on both sides?

☐ YES  ☐ NO  Are the trash bins picked up and managed properly?

Notes

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
Bathroom Safety

☑ YES ☐ NO Is she able to use the toilet independently and safely?
☐ YES ☐ NO Are incontinence supplies being disposed of properly?
☐ YES ☐ NO Is he able to transfer into the bath or shower safely?
☐ YES ☐ NO Does the bathroom have stable and secure grab bars?
☐ YES ☐ NO Does the bath or shower have a no-skid mat or strips?
☐ YES ☐ NO Is the bathroom clean?

Notes

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________