

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

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
