
SENIOR SAFETY & WELL-BEING CHECKLIST

Visiting Older Loved Ones Who Live Alone

<input checked="" type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

During your visit, answer as many of these questions as you can, especially if you there is something that has already clued you in to a decline.

SENIOR SAFETY & WELL-BEING CHECKLIST

Food, Nutrition and Kitchen Safety

NOTES

1. Does your loved one keep a well-stocked pantry and a variety of fresh fruit and vegetables? Is there expired or rotten food in the refrigerator?

YES **NO**

2. Can your loved one prepare a meal without assistance?

YES **NO**

3. Is your loved one able to buy groceries independently? If not, is he or she using an alternative like a grocery delivery service?

YES **NO**

4. Does your loved one have a healthy appetite?

YES **NO**

5. Does your loved one maintain a healthy, consistent weight? Sudden increases or decreases in weight are a red-flag.

YES **NO**

6. Is your loved one aware of foods that may interact negatively with his or her medications?

YES **NO**

7. Is your loved one able to sense heat? (stove, oven, water)

YES **NO**

8. Is your loved one able to operate the microwave?

YES **NO**

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Communication and Cognitive Function

NOTES

9. Does your loved one recognize family and friends?

YES **NO**

10. Does your loved one hear conversations clearly?

YES **NO**

11. Is your loved one able to clearly communicate his or her needs?

YES **NO**

12. Is your loved one showing any obvious signs of short-term memory loss beyond what's considered normal age-related memory loss?

YES **NO**

13. Does your loved one get lost or experience confusion?

YES **NO**

14. Is your loved one able to distinguish between products and use potentially harmful chemicals (i.e. bleach) safely?

YES **NO**

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Medications and Health Status

NOTES

15. Has your loved one visited the doctor in the last year?

YES **NO**

16. Can your loved one tell you about recent physician's visits and any health issues that may have surfaced recently?

YES **NO**

17. Are you aware of what medicines your parent is taking?

YES **NO**

18. Is your parent taking medications properly and as directed?

YES **NO**

19. If your loved one uses medical equipment such as oxygen, is it being used safely and as intended?

YES **NO**

20. Are special medical issues (i.e. oxygen tanks, diabetic injections, wound-care) being monitored and managed effectively?

YES **NO**

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Mobility and Functioning

NOTES

21. Does your loved one get around as well as when you saw him or her last? If not, what is causing the mobility issues?

YES **NO**

22. Is your loved one's balance stable?

YES **NO**

23. Is your loved one free of signs that may indicate a recent fall, such as bruising?

YES **NO**

24. Does your loved one have safe and comfortable footwear?

YES **NO**

25. Does your loved one navigate steps safely?

YES **NO**

26. Does your loved one have a safe and viable method of transportation? ☒

YES **NO**

27. If your loved one uses mobility aids such as walkers or scooters, are these aids being used correctly and when needed?

YES **NO**

28. Is your loved one practicing good hygiene?

YES **NO**

29. Is your loved one able to retrieve mail and newspapers safely?

YES **NO**

30. Is your loved one able to get in and out of bed safely?

YES **NO**

SENIOR SAFETY & WELL-BEING CHECKLIST

House and Home

NOTES

31. Is the home easy to navigate and free of fall risks such as open extension cords and loose rugs?

YES **NO**

32. Is the house adequately heated and cooled?

YES **NO**

33. Is your loved one able to manage the thermostat?

YES **NO**

34. Are space heaters being used safely?

YES **NO**

35. Is the house reasonably clean and tidy?
Is the house stocked with dish soap, body soap and cleaning supplies?

YES **NO**

36. Is the house well lighted? Are electrical systems functioning properly? Check for burned out light bulbs and ensure that electrical cords are not frayed or presenting electrical hazards.

YES **NO**

37. Are working nightlights placed appropriately throughout the house?

YES **NO**

38. Is there a phone or emergency call system easily accessible to your loved one in all rooms?

YES **NO**

YES **NO**

YES **NO**

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House and Home

NOTES

39. Is your loved one able to dial 9-1-1 for help in an emergency?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

40. Are your loved one's pets doing well and being cared for adequately?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

41. Are entries and exits from the home safe or your loved one? Watch out for risky areas such as stairs leading to a porch.☒

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

42. Are the interior stairs senior-friendly, with rails on both sides?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

43. Are the trash and recycling bins picked-up and managed properly?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

SENIOR SAFETY & WELL-BEING CHECKLIST

Bathroom Safety

NOTES

44. Is your loved one able to toilet safely?

YES **NO**

45. Is your loved one able to get on and off the commode with ease? If not, consider a raised toilet seat.☒

YES **NO**

46. If necessary, are there stable, secure grab bars in the bathroom?

YES **NO**

47. Is your loved one able to transfer into the bathroom or shower safely? If not, consider a transfer bench.☒

YES **NO**

48. Does the bath or shower have a non-slip mat or strips?

YES **NO**

49. Is the bathroom clean and sanitary?

YES **NO**

50. If your loved one uses incontinence supplies, are they being disposed of properly?

YES **NO**

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Bathroom Safety

NOTES

51. Are there smoke detectors with working batteries? Fire extinguishers?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

52. In homes with a gas hookup, are there functioning carbon monoxide detectors?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

53. Is your loved one mindful of alarms and able to exit in an emergency?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

54. Does your loved one know not to allow strangers in the house?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

55. Are entries and exits well lighted?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

56. Is your loved one aware of scams and know not to disclose their social security number over the phone or to strangers?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

You may be able to gauge a lot about your loved one's well-being just by talking with them. But sometimes there is no substitute for having a look yourself, especially when your loved one might be hesitant to admit something is wrong.