

Senior Safety and 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 sense of well-being.

Food, Nutrition and Kitchen Safety

- Yes** **No** Do they keep a well-stocked pantry and a variety of fresh fruit and vegetables?
- Yes** **No** Are they aware of foods that may interact adversely with his / her medications?
- Yes** **No** Are they able to buy groceries independently? If not, is he / she using a grocery delivery or a meal delivery service?
- Yes** **No** Is there expired or rotten food in the refrigerator?
- Yes** **No** Can they prepare a meal without assistance?
- Yes** **No** Can they easily operate a microwave?
- Yes** **No** Do they have a healthy appetite?

Notes



Communication and Cognitive Function

- Yes** **No** Do they recognize family and friends?
- Yes** **No** Can they hold a coherent conversation?
- Yes** **No** Do they show any atypical signs of memory loss?
- Yes** **No** Have they gotten lost in the community or experienced an episode of confusion?
Can they clearly communicate his/her needs?

Medications and Health Status

- Yes** **No** Have they visited a dentist, optometrist or physician in the past year?
- Yes** **No** If they wear glasses, are their glasses in good shape?
- Yes** **No** Do they show any signs of poor vision such as squinting or sitting too close to the TV?
- Yes** **No** Are they maintaining a healthy, consistent weight? Have you noticed any weight loss?
- Yes** **No** Are you aware of what medications and supplements they are taking?
- Yes** **No** Are they taking medications properly and as directed?
- Yes** **No** If they are self-administering medical treatment such as oxygen, injections or wound-care, is it being monitored and managed effectively?

Notes



House and Home Safety

- Yes** **No** Is the home well-lighted, 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 - fans, space heaters and central heating and cooling - systems 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/her 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



