

# Quick Guide:

## Signs Your Parent May Not Be Able to Live Safely on Their Own

There are some clear indicators that living alone may be jeopardizing your parent's health and safety. Take a moment to think about any obvious signs that they are in need of assistance. Some signs could be an indication of anxiety, depression or cognitive impairment. If possible, discuss any concerns with your parent's physician.

Keep in mind that this guide is not exhaustive. Use the additional space to write in any other factors you may have noticed.

### Possible concerning observations

<input type="checkbox"/> Expired medication	<input type="checkbox"/> Moments of disorientation or confusion
<input type="checkbox"/> Forgetting to take medication	<input type="checkbox"/> Poor eating habits (weight gain/loss)
<input type="checkbox"/> Frequent falls/accidents	<input type="checkbox"/> Poor hygiene
<input type="checkbox"/> Getting lost	<input type="checkbox"/> Vehicle damage
<input type="checkbox"/> Low energy	<input type="checkbox"/> Other _____
<input type="checkbox"/> Messy home	<input type="checkbox"/> Other _____

### Care planner

Have an honest conversation with your parent about their ability to do the things below and ask if they would like help. Some tasks may require modifications. When assisting with daily tasks, allow your parent to do as much as possible with you by their side. Only intervene when needed or asked.

Task	Assistance needed?		When/how I can help
	Yes	No	
Bathing/showering	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dental hygiene	<input type="checkbox"/>	<input type="checkbox"/>	_____
Getting dressed/undressed	<input type="checkbox"/>	<input type="checkbox"/>	_____
Getting in and out of bed or chairs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Grocery shopping	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hair combing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	_____

Task	Assistance needed?		When/how I can help
	Yes	No	
Meal prep	<input type="checkbox"/>	<input type="checkbox"/>	_____
Meal reminders	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medication assistance	<input type="checkbox"/>	<input type="checkbox"/>	_____
Moving around the home	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shaving	<input type="checkbox"/>	<input type="checkbox"/>	_____
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	_____
Using the restroom	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

### Conversation builder

Use this template to help construct and guide your conversation. Take a moment to write down what you'd like to address, and record your parent's responses. Save this document for any future planning designed to help your parent live a fuller and safer life.

*"I have observed this..."*

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\_\_\_\_\_

\_\_\_\_\_

*"These are my concerns..."*

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\_\_\_\_\_

*"I can help this way..."*

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\_\_\_\_\_

*"What would you like help with?"*

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## Additional resources available to caregivers

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If your parent is open to it, consider other local resources that can provide assistance when necessary.

Adult day services

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Assisted living communities

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Companions/visitors

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Home health agencies

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Senior centers

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Short-term stay options

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Transportation services

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**Gentle reminder:** Sometimes, even doing everything in your power may not be enough to convince your parent to take your advice. While this can feel like a setback, don't give up hope. Keep communication honest, continue to express your love and concern, and stay open to any compromise your parent may suggest that puts them closer to the care they need.