

# Is Your Loved One Able To Live Alone?

What follows is a questionnaire to help caregivers determine if their loved one is able to manage living alone. More than one "Yes" in each category would strongly indicate the need to begin considering the potential for placement. Alzheimer's Services, however, recognizes that each family's resources, needs and capacities differ. Not every late stage patient must be placed in a nursing home. In-home care options are increasing and may delay or prevent need for placement.

	<b>Safety Concerns</b>	<b>Yes</b>	<b>No</b>
Has your loved-one had accidents because of weakness, dizziness, or the inability to get around?		<input type="checkbox"/> Y	<input type="checkbox"/> N
Has use of the stove, oven, or appliances become a problem because of forgetfulness?		<input type="checkbox"/> Y	<input type="checkbox"/> N
Are there stairs or conditions in the home that are a hazard?		<input type="checkbox"/> Y	<input type="checkbox"/> N
Does your loved-one refuse to use adequate safety devices such as railings or a walker?		<input type="checkbox"/> Y	<input type="checkbox"/> N
Has your loved-one lost interest in living or expressed a desire to die?		<input type="checkbox"/> Y	<input type="checkbox"/> N
	<b>Nutritional Needs</b>		
Is your loved-one unable or unwilling to prepare meals?		<input type="checkbox"/> Y	<input type="checkbox"/> N
Is there a demonstrated nutritional problem such as weight loss, illness, or anemia?		<input type="checkbox"/> Y	<input type="checkbox"/> N
Does your loved-one eat only inappropriate foods that will not supply nutritional needs?		<input type="checkbox"/> Y	<input type="checkbox"/> N
Does your loved-one forget to eat?		<input type="checkbox"/> Y	<input type="checkbox"/> N
	<b>Personal Hygiene</b>		
Is your loved-one unable or unwilling to get to the toilet when necessary?		<input type="checkbox"/> Y	<input type="checkbox"/> N
Is your loved-one unable to change clothing or bed linens as necessary to remain clean and dry?		<input type="checkbox"/> Y	<input type="checkbox"/> N
	<b>Health and Safety Concerns</b>		
Would your home require modifications to provide an adequate environment for your loved-one, such as heating, plumbing, or an accessible bathroom?		<input type="checkbox"/> Y	<input type="checkbox"/> N
Would you need to modify your home to make it a safe environment?		<input type="checkbox"/> Y	<input type="checkbox"/> N
Does your loved-one require nursing services that are too difficult or demanding for you physically, such as turning or lifting?		<input type="checkbox"/> Y	<input type="checkbox"/> N
Does your loved-one regularly disturb the sleep of others by calling out, needing care, or wandering at night?		<input type="checkbox"/> Y	<input type="checkbox"/> N
Is your relative likely to wander away from the house if left alone?		<input type="checkbox"/> Y	<input type="checkbox"/> N
Does your relative create safety hazards for others in the family because of forgetfulness or carelessness?		<input type="checkbox"/> Y	<input type="checkbox"/> N
	<b>Time and Energy</b>		
Does your loved-one need someone to care for him/her at all times?		<input type="checkbox"/> Y	<input type="checkbox"/> N
Must clothing or bed linens be changed and laundered so frequently that care becomes an excessive demand?		<input type="checkbox"/> Y	<input type="checkbox"/> N
Do you have responsibilities for care of others family members, that result in split loyalties or emotional overload?		<input type="checkbox"/> Y	<input type="checkbox"/> N
	<b>Family Considerations</b>		
Does your loved-one interfere with the running of the household?		<input type="checkbox"/> Y	<input type="checkbox"/> N
Has the loss of privacy become a problem for the adult members of the household?		<input type="checkbox"/> Y	<input type="checkbox"/> N
Is there excessive conflict with younger adults and teenagers because of this loved-one?		<input type="checkbox"/> Y	<input type="checkbox"/> N