Home Healthcare Assessment

We can't help but be concerned about those we care about … especially when they are getting older or have just experienced an illness, incident, or hospital stay. Many wonder if they are just being overprotective … or if their loved one really does need assistance.

The Care Assessment below offers you the opportunity to see if your worries are justified, looking at specific issues of everyday living. Use this for your benefit, or mail it to us to receive our initial suggestions based upon your response.

If your concerns are unjustified, we hope we can ease your mind. If we feel that your loved one truly needs assistance, we are happy to provide you with specifically how we can help.

PLEASE CIRCLE YES OR NO BELOW EACH QUESTION

1. Is your loved one currently taking any medication?
   YES / NO
   a. If so, are they able to fully understand and follow the prescription instructions?
      YES / NO
   b. Are you very confident that they are taking the correct dosage at the correct time?
      YES / NO
   c. Could this medication that they are taking affect their physical or mental state if avoided or taken in excess?
      YES / NO
2. Does your loved one follow recommendations given by their physician?
   YES / NO
3. Is your loved one able to drive or walk to obtain necessary home supplies, i.e. groceries, soap, medicine?
   YES / NO
4. If above is answered "No", is there a reliable system set in place to assure that your loved one has basic home needs met?
   YES / NO
5. Is your loved one able to answer the telephone without inconvenience?
   YES / NO
6. Is your loved one able to make phone calls out at anytime of the day or night?
   YES / NO
7. Is your loved one able to pay bills, such as power and water, in an accurate and timely manner?
   YES / NO
8. Does your loved one have a neighbor, friend, or family member close-by that is willing, able, and accessible to assist your loved one in person if called upon?
   YES / NO
9. Is your loved one able to prepare their meals on their own?
   YES / NO
   a. If so, are you concerned that they are getting the proper nutrition given what they are preparing?
      YES / NO

b. Is there a chance that a burner or oven could be left on when preparing meals?
YES / NO

10. Does your loved one tend to get weaker when they get tired?
YES / NO

11. Is your loved one able to bathe themself independently?
YES / NO

12. Do you feel comfortable with their bathing facilities?
YES / NO

13. Is your loved one able to successfully use the bathroom independently?
YES / NO

14. Are they able to either do laundry or coordinate laundry services?
YES / NO

15. Are you ever concerned about your loved one's appearance, i.e. hair, dress, oral hygiene?
YES / NO

16. Does the physical layout of your loved one's home, i.e. stairs, decorations, rugs, cause you to be concerned about safety?
YES / NO

17. Have you noticed any memory loss with your loved one?
YES / NO

18. If above is answered "Yes", does this seem to be increasing or decreasing?
INCREASE / DECREASE

19. Do you sometimes feel that your loved one is not supplying you with accurate or clear information in regard to their own health?
YES / NO

Your Name: ____

Your Phone: ____

Your Email: ____

Your Comments:

To receive our suggestions, mail your assessment and any additional questions/comments to:

A Caring Touch
315 N. Center St.
Bloomington, Illinois 61701

Disclaimer: These questions are designed to help the viewer discover areas that might suggest the need for care or supervision. Please do not presume that the list includes all reasons why supervision may be helpful or necessary.