

# Well-Being Checklist



UNDERSTAND THE  
TELL-TALE SIGNS

Assess if your loved one needs  
help to continue living at home.

- |                                | YES                      | NO                       |   |
|--------------------------------|--------------------------|--------------------------|---|
| <b>Life Tasks</b>              | <input type="checkbox"/> | <input type="checkbox"/> | Are they able to do the laundry?                                |
|                                | <input type="checkbox"/> | <input type="checkbox"/> | Are they able to prepare food and clean up?                     |
|                                | <input type="checkbox"/> | <input type="checkbox"/> | Is their bathroom clean?  |
|                                | <input type="checkbox"/> | <input type="checkbox"/> | Are they opening and managing mail?                             |
| <b>Safety</b>                  | <input type="checkbox"/> | <input type="checkbox"/> | Is there spoiled food in their refrigerator or cupboards?       |
|                                | <input type="checkbox"/> | <input type="checkbox"/> | Are they tripping over things more than they should?            |
|                                | <input type="checkbox"/> | <input type="checkbox"/> | Have you heard about any traffic incidents?                     |
| <b>Physical Health</b>         | <input type="checkbox"/> | <input type="checkbox"/> | Have they lost weight or do they seem more frail?               |
|                                | <input type="checkbox"/> | <input type="checkbox"/> | Are they spending most of their time in one spot?               |
|                                | <input type="checkbox"/> | <input type="checkbox"/> | Are they stable on their feet or able to safely navigate?       |
| <b>Brain Health &amp; Mood</b> | <input type="checkbox"/> | <input type="checkbox"/> | Do they have a difficult time with a normal conversation?       |
|                                | <input type="checkbox"/> | <input type="checkbox"/> | Do you notice new behaviors such as being confused?             |
|                                | <input type="checkbox"/> | <input type="checkbox"/> | Do they still enjoy activities & socialize with friends/family? |
| <b>Medication Management</b>   | <input type="checkbox"/> | <input type="checkbox"/> | Are expired meds mixed up with new ones?                        |
|                                | <input type="checkbox"/> | <input type="checkbox"/> | Are they able to organize their medications?                    |
|                                | <input type="checkbox"/> | <input type="checkbox"/> | Notice any meds or vitamins that shouldn't be there?            |