



## ARE YOU A CAREGIVER IN NEED OF HELP?

**Our checklist can help you decide in the event you're unsure.** If you answer **YES** to four or more situations described in this questionnaire, please contact Golden Age @ Home – *we can help!*

### Medical:

- Is the person you care for unable to follow health care instructions or make health care decisions?
- Do you feel challenged to balance the need for increasing health care providers' appointments?
- Has the medical condition of the person you care for become too complex for self- management?

### Safety:

- Does the person you care for become lost or disoriented when away from home or in a familiar environment?
- Have you ever found burnt pans in the kitchen; a hot iron unattended; or other possible dangers?
- Does the person you care for drive unsafely?
- Does the person you care for fall or frequently injure themselves?
- Does the person you care for have hoarding tendencies?

### Financial:

- Is the person you care for becoming less able or interested in financial responsibilities?
- Are bills disorganized, late or overdue?
- Is the checking account overdrawn or are credit card limits exceeded?
- Is the person you care for confused about health care insurance and financial responsibilities?
- Can the person you care for no longer read or write clearly enough to manage a checkbook?



**Sleep:**

- Are your nights interrupted by repeated calls for help?
- Are you adjusting to increased concerns regarding care for your loved one at night?
- Is the person you care for unable to sleep regular hours?
- Are you taking time off work to address caregiver issues, or struggling to meet the needs of your own family?

**Health:**

- Has hygiene neglect become an embarrassment or health issue?
- Has your loved one become less concerned with access to fresh or nutritious foods in the refrigerator?
- Has the person you care for experienced changes in weight loss due to nutritional disinterest?
- Is the person you care for in need of pre/post-surgical support and follow-up care?

**Abuse or Neglect:**

- Is someone taking advantage of the financial resources for the person you care for?
- Has any family member's frustration, connected to the person being cared for, resulted in verbal or physical violence?

**Isolation:**

- Has the person you care for become isolated, sad, lonely, confused, anxious or angry?
- Have you become isolated, sad, confused, anxious or angry?

If you have answered **YES** to four or more situations described in this questionnaire, please call us at **850.878.0034**, or email us at **info@goldenageathome.com** – *we can help!*