

Date: ____ / ____ / ____

Use this checklist as you walk through the home together with loved ones. A few simple changes can improve safety and what you observe may help your family start an important conversation about additional support.

START WITH WHAT YOU NOTICE

- ☐ A recent fall, near-fall or unexplained bruise
- ☐ Holding onto furniture or walls while walking
- ☐ Difficulty getting up from a chair or bed
- ☐ New trouble using stairs
- ☐ A cane or walker that isn't being used consistently
- ☐ Dizziness, weakness or changes in balance
- ☐ Increased fear of falling
- ☐ Avoiding activities or leaving home less often

FLOORS, STAIRS & WALKWAYS

- ☐ Walking paths are clear of clutter, cords and furniture
- ☐ Throw rugs have been removed or securely fastened
- ☐ Carpeting is secure and in good condition
- ☐ Stairs have sturdy handrails
- ☐ Hallways and stairways are well lit
- ☐ Frequently used items are within easy reach
- ☐ Furniture is stable and easy to navigate around
- ☐ Pet supplies within easy reach

BATHROOM SAFETY

- ☐ Grab bars are installed near the toilet and tub or shower
- ☐ Shower and tub surfaces have nonslip protection
- ☐ The bathroom is well lit, including at night
- ☐ Toiletries and towels are within easy reach
- ☐ Can safely get on and off the toilet
- ☐ Can safely enter and exit the shower or tub

BEDROOM & NIGHTTIME SAFETY

- ☐ There is a clear path between the bed and bathroom
- ☐ A night-light or motion-activated light illuminates the route
- ☐ A lamp or light switch can be reached from bed
- ☐ A phone or emergency alert device is within reach
- ☐ Can safely get in and out of bed

WINTER WEATHER CHECK

- ☐ Steps and walkways can be kept clear of snow and ice
- ☐ Outdoor stairs and walkways have secure railings
- ☐ Outdoor areas are well lit
- ☐ Parent has sturdy, nonslip footwear
- ☐ Someone is available to shovel snow or treat icy surfaces
- ☐ There is a plan for groceries and prescriptions during bad weather
- ☐ Can avoid unnecessary trips outside during hazardous conditions

MEDICATIONS* & HEALTH

- ☐ Medications are organized and taken as directed
- ☐ Prescriptions are being refilled on time
- ☐ No obviously outdated or duplicate medications
- ☐ A physician or pharmacist regularly reviews medications
- ☐ No unexplained dizziness or drowsiness'
- ☐ Vision and hearing are checked regularly
- ☐ Mobility aids such as a cane or walker are used when recommended

*Never change or discontinue a medication without talking with a qualified health care professional.

EVERYDAY LIFE

- ☐ There is fresh, nutritious food available
- ☐ Regular meals are being prepared and eaten
- ☐ Laundry and housekeeping remain manageable
- ☐ Bills, appointments and mail aren't being overlooked
- ☐ Personal hygiene and grooming haven't declined
- ☐ Ability to get to appointments and errands safely

CONNECTION & ISOLATION

- ☐ Is Mom or Dad seeing friends or family regularly?
- ☐ Are they still participating in activities they enjoy?
- ☐ Have they stopped driving or going places they once enjoyed?
- ☐ Do they seem increasingly lonely or withdrawn?
- ☐ Is reduced mobility keeping them at home more often?
- ☐ Is there someone checking in regularly?

HOW MANY CHANGES DID YOU NOTICE?

A few concerns? Start a conversation. Ask your parent what feels more difficult than it did six months or a year ago.

Several concerns? It may be time to explore services that could provide additional support while helping your parent maintain as much independence as possible.

Immediate safety concerns? Don't wait for another visit. Talk with your parent and their health care provider about what you're seeing and what additional support may be appropriate.

Disclaimer: This checklist is intended as a general educational resource and is not a substitute for an individualized medical, home-safety or fall-risk assessment. Discuss health changes, falls, medication concerns and changes in mobility with an appropriate health care professional.

Notes