

## CHECKLIST FOR VISITING ELDERLY PARENTS

*In general, look for signs of trouble with or changes in thinking skills, vision, and physical activity.*

PHYSICAL AND MENTAL HEALTH	YES	NO
Have they lost weight or do they seem more frail?	<input type="checkbox"/>	<input type="checkbox"/>
Do they have trouble having normal conversations?	<input type="checkbox"/>	<input type="checkbox"/>
Do you notice any strange new behaviors, like repeating stories or being unusually confused about simple things?	<input type="checkbox"/>	<input type="checkbox"/>
Are they squinting or tripping over things much more than usual?	<input type="checkbox"/>	<input type="checkbox"/>
GETTING AROUND	YES	NO
Are their driving skills the same as before? Do you feel safe when they drive you around?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any unexplained dents or scratches on the car?	<input type="checkbox"/>	<input type="checkbox"/>
Have you heard about any traffic tickets?	<input type="checkbox"/>	<input type="checkbox"/>
Do they still do the activities they used to enjoy?	<input type="checkbox"/>	<input type="checkbox"/>
Are they reluctant to leave the house?	<input type="checkbox"/>	<input type="checkbox"/>
Are they keeping up with their usual friends and community organizations?	<input type="checkbox"/>	<input type="checkbox"/>
THE HOUSE	YES	NO
Is the house messier or dirtier than normal?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a lot of unopened mail? Are unpaid bills lying around?	<input type="checkbox"/>	<input type="checkbox"/>
Are there broken household items like clogged drains, burned out light bulbs, or broken appliances?	<input type="checkbox"/>	<input type="checkbox"/>
THE KITCHEN	YES	NO
Is the refrigerator stocked with fresh foods they normally eat?	<input type="checkbox"/>	<input type="checkbox"/>
Is there moldy or expired food around?	<input type="checkbox"/>	<input type="checkbox"/>
Are there burned pots and pans? Or burn marks on the floors or counters?	<input type="checkbox"/>	<input type="checkbox"/>
MEDICATION	YES	NO
Are there any new medications, vitamins, or supplements you haven't seen before?	<input type="checkbox"/>	<input type="checkbox"/>

Is their medication organized so it's easy to take the correct dose at the correct time?	<input type="checkbox"/>	<input type="checkbox"/>
Are expired medications mixed up with current ones?	<input type="checkbox"/>	<input type="checkbox"/>

**Notes**