LIVING Grace
HOME CARE

Care Needs CHECKLIST

A HELPFUL GUIDE FOR FAMILIES

Use this checklist to identify areas where your loved one may need additional support. This can help you determine the right type of care and create a safer, more comfortable home environment.

PERSONAL CARE
Bathing, Grooming & Daily Hygiene

- ☐ Needs help bathing or showering
- ☐ Difficulty dressing
- ☐ Needs help with grooming (hair, nails, etc.)
- ☐ Wearing the same clothes repeatedly
- ☐ Changes in personal hygiene
- ☐ Needs reminders for toileting
- ☐ Increased incontinence or accidents
- ☐ Needs assistance with transfers (bed, chair, etc.)
- ☐ Other: _____

MOBILITY & FALLS
Movement and Safety

- ☐ Unsteady when walking
- ☐ Needs help getting in/out of bed
- ☐ Uses a walker, cane, or wheelchair
- ☐ Difficulty with stairs
- ☐ Recent falls or near-falls
- ☐ Trouble standing for long periods
- ☐ Needs assistance getting around home
- ☐ Needs help getting in/out of car
- ☐ Other: _____

MEALS & NUTRITION
Eating and Hydration

- ☐ Difficulty preparing meals
- ☐ Forgets to eat
- ☐ Unexplained weight loss or gain
- ☐ Spoiled or expired food in the home
- ☐ Needs assistance with meal preparation
- ☐ Needs encouragement to drink fluids
- ☐ Difficulty chewing or swallowing
- ☐ Special diet needs
- ☐ Other: _____

MEMORY & COGNITION
Thinking and Recall

- ☐ Increased forgetfulness
- ☐ Difficulty remembering appointments
- ☐ Confusion about time, place, or people
- ☐ Repeats the same questions
- ☐ May wander or get lost
- ☐ Difficulty following instructions
- ☐ Changes in mood or behavior
- ☐ Needs supervision for safety
- ☐ Other: _____

MEDICATION REMINDERS
Staying on Schedule

- ☐ Forgets to take medications
- ☐ Takes medications at the wrong time
- ☐ Confused about which medication to take
- ☐ Needs reminders during the day
- ☐ Difficulty opening medication containers
- ☐ Multiple medications to manage
- ☐ Needs help organizing medications
- ☐ Needs reminders for refills
- ☐ Other: _____

HOUSEHOLD NEEDS
Keeping a Safe and Clean Home

- ☐ Difficulty with light housekeeping
- ☐ Cluttered or unsafe living environment
- ☐ Laundry needs assistance
- ☐ Needs help taking out trash
- ☐ Needs help with grocery shopping
- ☐ Difficulty keeping up with home maintenance
- ☐ Needs help with errands and shopping
- ☐ Home safety concerns (rugs, lighting, etc.)
- ☐ Other: _____

COMPANIONSHIP & SOCIALIZATION
Staying Connected

- ☐ Spends a lot of time alone
- ☐ Shows signs of loneliness or isolation
- ☐ No longer participates in hobbies/activities
- ☐ Needs someone to talk with
- ☐ Needs encouragement to stay active
- ☐ Would benefit from outings or social activities
- ☐ Seems withdrawn or depressed
- ☐ Other: _____

CAREGIVER SUPPORT
Family Caregiver Well-Being

- ☐ Primary caregiver feels overwhelmed
- ☐ Difficulty finding time to rest
- ☐ Caregiving is affecting work or family life
- ☐ Caregiver feels exhausted or stressed
- ☐ Needs temporary care (respite care)
- ☐ Needs regular breaks
- ☐ Needs help with specific tasks
- ☐ Caregiver could use additional support
- ☐ Other: _____

NIGHTTIME & 24/7 CARE NEEDS
Increased Supervision

- ☐ Needs help getting in and out of bed
- ☐ Frequently gets up during the night
- ☐ Wandering or getting confused at night
- ☐ Needs help using the restroom at night
- ☐ Nighttime falls or safety concerns
- ☐ Needs supervision for safety
- ☐ Reports anxiety or confusion at night
- ☐ May need 24/7 care or live-in support
- ☐ Other: _____

ADDITIONAL NOTES

List any other concerns, needs, or special instructions: _____

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