

**What level of care does my loved one need?
A Care Assessment Checklist**

There is a point where family begins to ask if a loved one needs more care than what the family itself is able to provide. Typically, many believe that they must face an either/or scenario, which can feel extreme and painful. Either my loved one stays in the home and we struggle to provide all the care, or he must leave the home and move into an assisted living or nursing home facility.

In-home care is a middle ground option many families discover as the best solution for months or years. Ella Stewart Care is an agency that provides professional personal care and companion care in a client's home. The level of care provided can range from "checking-in" monitoring on a regular, infrequent basis, to 24 hour, or live-in care, if necessary.

Take a few minutes to complete the care assessment checklist below. We provide a scoring metric that will put your loved one in a range that we correlate with a gradation of care services. Use this assessment result to discuss with your loved one, your family, and your doctor to determine if In-home care, in-home care coupled with medical care, or if a residential care facility is the best solution at this time.

Again, many families find in-home care to be the optimal solution because it preserves more independent living, with one-on-one care caregiving, that supports the family in a way that is most beneficial to their loved ones. Take the assessment first to see if home-care will work for you.

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Instruction: Choose one answer for each "ability" statement that best describes your loved one at this time. Add all the numbers at the end of the answers to get a total. At the end of the assessment, check to see how that total aligns with the levels of care.

Questions pertaining to the **Instrumental Activities of Daily Living (IADLs)**

"My loved one is..."

1. Able to clean the kitchen, do laundry, and make the bed
 - a. Without help (1)
 - b. With some help (2)
 - c. Not at all (3)
 - d. Lives in house where this is not a concern, or already has assistance (1)
2. Able to drive
 - a. Without help, can call for a ride, or uses public transportation (1)
 - b. Does not drive and needs help with other forms of transportation (2)
 - c. Requires special medical-assisted transportation (3)
3. Able to shop for food
 - a. Without help (1)
 - b. With help (2)
 - c. Not at all (3)
4. Able to make or arrange for meals
 - a. Without help (1)
 - b. With help (including home-delivery meals) (2)
 - c. Not at all (3)
5. Able to do light gardening, clean around the house
 - a. Without help (1)
 - b. With some help (2)
 - c. Not at all (3)

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- d. Lives in house where this is not a concern, or already has assistance (1)
- 6. Able to participate in social activities
 - a. Without help (1)
 - b. With some help (reminders, scheduling, and transportation) (2)
 - c. Only with help and supervision (3)
- 7. Able to manage personal finances (pay bills, balance checking account)
 - a. Without help (1)
 - b. With some help (reminders, reviewing mail) (2)
 - c. Not at all (3)
- 8. Able to make and keep appointments
 - a. Without help (1)
 - b. With some reminders (2)
 - c. Only with help (3)
- 9. Able to manage medicines
 - a. Without help (1)
 - b. With help (open bottles, reminders) (2)
 - c. Not at all (3)

Questions pertaining to the **Activities of Daily Living (ADLs)**

"My loved one is..."

- 10. Able to feed self
 - a. Without help (1)
 - b. With help (due to physical challenges, or need for reminders) (2)
 - c. Not at all (3)
- 11. Able to do personal grooming (brush hair, oral care, shave)
 - a. Without help (1)
 - b. With reminders (2)
 - c. Only with help (3)
- 12. Able to bathe or shower
 - a. Without help (1)
 - b. With some help or supervision (2)
 - c. Only with help (3)
- 13. Able to walk
 - a. Walks without falling (with or without cane or walker) (1)
 - b. Has trouble walking alone and/or has fallen during past 6 months (2)
 - c. Needs help to walk or stand (3)
- 14. Able to dress
 - a. Without help (1)
 - b. With some help (2)
 - c. Only with help (3)
- 15. Able to control bladder and bowels
 - a. Yes, or can use incontinence products without help (1)
 - b. With reminders or help (2)
 - c. Not at all (3)
- 16. Able to transfer (from bed to chair, walker to bed, etc.)
 - a. Without help (1)
 - b. Only with help (3)
- 17. Regarding therapy and rehabilitation (Physical, Occupational, or Speech)

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- a. Does not need therapy or rehab (1)
- b. Takes therapy or rehab without help (1)
- c. Needs some help (2)
- d. Needs medical monitoring (3)

Questions pertaining specifically to **memory**

“My love one is...”

- 18. Able to understand and follow directions
 - a. Without help (1)
 - b. Only after reading directions several times (2)
 - c. Not at all (3)
- 19. Able to identify strangers and seek help if necessary
 - a. Without help (1)
 - b. Not at all (3)
- 20. Able to recognize surroundings
 - a. Always alert and aware of day, time, and place (1)
 - b. Sometimes confused about day, time, and place (2)
 - c. Always confused about day, time, and place (3)
- 21. Able to get help in an emergency
 - a. Without help (1)
 - b. With some guidance or instruction (2)
 - c. Not at all (3)
- 22. Wanders or has gotten lost
 - a. No (1)
 - b. Yes (3)

Once you have completed this checklist, add the numbers next to the answers you selected.

Total _____

Check the total for the 22 questions with the ranges below.

If your total is 30 or less:

Your loved one is doing a great deal without assistance. Chances are he wants to stay in his own home, or continue to live with you. If any outside help is desired, it might be for just a few hours a day to check-in and ensure your loved one is safe and happy.

If your total is between 31 and 50:

Your loved one is unable to do many things without assistance. She might need help with ADLs and IADLs. Perhaps there is some memory loss that is the major challenge. Consequently, independent living for your loved one will depend on routine help from family or an outside service, or a combination of both.

If your total is higher than 50:

Your loved one is nearly totally dependent. At this point, 24 hour home care or live-in care might be required, if staying at home is still a priority.

Next Step: take the **Time Assessment** to determine the hours of the day and the days of the week your loved one will require for the care she needs.