



# AWARE Senior Care

Guiding Your Way.  
Live Well at Home.

## Live Well at Home Assessment

We have created this tool to help determine if someone is having difficulty in certain areas – it helps identify needs that may have been overlooked. The first section looks at independent activities of daily living known as iADLs. These are the skills needed to live independently. The second part examines activities of daily living known as ADLs. These are the physical skills needed to bathe, groom, dress, move about and use the toilet. Examining the level of assistance will indicate if assistance may be needed to remain independent. For more information on iADLs and ADLs click [here](#).

The results can be evaluated by a registered nurse as part of a formal assessment for home care. We recommend if the family is actively working with their loved one that both family members and the senior fill out this worksheet if the senior is not capable of going through the worksheet; a family member can go through the worksheet as a helpful aid prior to a discussion with Aware Senior Care.

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**Please rate the level of Assistance for each of the independent activities of daily living ([IADLS](#)) described below:**

### Managing Finances

- 0 - Independent. Bills consistently paid on time without assistance.
- 1 - Minimum Assistance. Occasional overdraft/overdue bill notices.
- 2 - Moderate Assistance. Many unpaid bills/overdrafts, messages from creditors, despite having enough funds.
- 3 - Total Assistance. Does not manage own finances

Managing Finances Comments:

## Transportation

- 0 - Independent. Drives own vehicle/handles public transportation independently.
- 1 - Minimum Assistance. Has had minor accident(s), passengers uncomfortable with their driving.
- 2 - Moderate Assistance. More than one accident, gets confused on familiar roads, speeds are erratic, flustered with traffic.
- 3 - Total Assistance. No longer drives, cannot manage public transportation alone.

Transportation Comments:

## Shopping

- 0 - Independent. Shops independently, prepare lists, able to load and unload car.
- 1 - Minimum Assistance. Runs out or has excessive amounts of essential household items at times, needs help to prepare lists and to load/unload car.
- 2 - Moderate Assistance. Consistently missing or has excessive amounts of essential household items, needs others to prepare lists/help with hopping/load and unload car.
- 3 - Total Assistance. No longer shops.

Shopping Comments:

**Meals/Nutrition**

- 0 - Independent. Makes own nutritious meals independently or with minimal help.
- 1 - Minimum Assistance. Occasionally skips meals/chooses food with little nutritional value.
- 2 - Moderate Assistance. Consistently makes poor food choices and/or spoiled food in kitchen and/or burned pots/pans noted in kitchen.
- 3 - Total Assistance. No longer prepares meals.

**Meals/Nutrition Comments****Using the Telephone**

- 0 - Independent. Answers phone consistently, returns voicemail messages consistently.
- 1 - Minimum Assistance. Occasionally misses a phone call or forgets to return voicemail message.
- 2 - Moderate Assistance. Becomes frustrated using the phone, rarely answers the phone and/or does not return voicemail messages from known callers.
- 3 - Total Assistance. Does not use the phone

**Using the Telephone comments**

### **Managing Medications**

- 0 - Independent. Takes medications as prescribed, refills meds, rarely misses a dose.
- 1 - Minimum Assistance. Fills own pillboxes/forgets to take medication 2-3 times/week, occasionally runs out of medication(s) before refilling.
- 2 - Moderate Assistance. Someone else fills pillboxes and/or forgets to take medication at least once/day.
- 3 - Total Assistance. Someone else fills pillboxes and refills prescriptions/needs constant reminders to take medication throughout the day.

### Managing Medications Comments

### **Housework and Basic Home Maintenance**

- 0 - Independent. Home is in good repair, no clutter or safety issues.
- 1 - Minimum Assistance. Home needs minor attention- is dusty/needs vacuuming, has burned out light bulbs/dirty dishes, some clutter.
- 2 - Moderate Assistance. Home needs significant attention i.e. stairs/handrails need repair appliances/HVAC in disrepair/yard overgrown and/or rooms are need significant cleaning, floors are cluttered
- 3 - Total Assistance. Home poses serious hazards- unsafe to live in.

### Housework and Basic Maintenance Comments

**Please rate the level of ability for each of the Activities of Daily Living (ADLs) described below:**

**Mobility**

- 0 – Independent – able to get out of bed/chair and walk without help
- 1 - Minimum Assistance – needs a little help getting out of bed or chair, unsteady when walking, may use walker or cane for balance or can propel own wheelchair
- 2 - Moderate – requires hands on help to get out of bed/chair, requires walker whenever walking or requires someone to push wheelchair at times
- 3 – Total Assistance – cannot get out of bed without being lifted, no longer walks or cannot propel own wheelchair

Time of day Mobility Assistance needed

- At all times
- Mornings
- Afternoons
- Evenings/bedtime

Comments:

**Eating**

- 0 – Independent- uses utensils independently, including cutting own meat
- 1 - Minimum Assistance- needs help cutting meat, holding beverage cup, can use utensils
- 2 - Moderate Assistance - needs help using utensils, finger foods work well
- 3 - Total Assistance- someone feeds the person

Time of Day When Feeding Assistance is needed:

- At all times
- Mornings
- Afternoons
- Evenings/bedtime

Comments:

### Toileting Assistance

- 0 – Independent- manages all needs without help
- 1 - Minimum Assistance- needs help to toilet, wears incontinent product, occasionally needs to change clothes or bed linens due to 'accident'
- 2 - Moderate Assistance – frequently needs to change clothes/bed linens due to 'accident', needs help changing incontinent product, occasionally able to have bowel movement or urinate in toilet.
- 3 - Total Assistance- unable to control bladder or bowels, does not use toilet

#### Time of Day When Toileting Assistance is needed

- At day
- Day time hours
- Overnight

Comments:

### Dressing

- 0 – Independent- selects proper attire, dresses without help
- 1 - Minimum Assistance- occasionally miss-buttoned clothes, wears same clothes every day or occasionally wears clothes not appropriate for season
- 2 - Moderate Assistance- usually wears clothes that are soiled, cannot select appropriate clothes, assistance needed to put clothes on/remove clothes
- 3 - Total Assistance- unable to dress/undress self

#### Time of Day When Dressing Assistance is needed

- Always
- Mornings
- Evenings

Comments:

## Bathing and Grooming

- 0 – Independent- able to bathe and groom without help
- 1 - Minimum Assistance- occasionally needs reminder to take shower/bath and/or hair is unkempt, forgets to shave
- 2 - Moderate Assistance- usually looks unkempt, rarely bathes without assistance, refuses to bathe, bad breath odor
- 3 - Total Assistance- unable to bathe or groom self

### Time of Day When Bathing and Grooming Assistance is needed

- Mornings
- Afternoons
- Nights

Comments:

### Additional Information (Please circle yes or no. If yes, use the score in you total score)

- |  |                |
|--|----------------|
| Have there been any falls in the past year?    | Yes (1) No (0) |
| Falls with injury requiring medical attention? | Yes (3) No (0) |
| Any falls resulting in hospitalization?        | Yes (5) No (0) |
| No longer attends favorite activities?         | Yes (1) No (0) |
| Any changes in behavior?                       | Yes (1) No (0) |

Additional Comments:

**Your total score (add up all scores)**

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**Evaluating Your Score:**

- 0-7 Support services may not be needed at this time
- 8-14 Consider support services for safety and to maintain independence
- 15-20 Support services strongly recommended for safety and to maintain independence
- >20 Support services highly recommended as soon as possible

**Your contact information (\* indicates required):**

<b>First Name*</b>	<b>Last Name*</b>	<b>Email Address*</b>	<b>Phone Number*</b>

**Senior Contact Information:**

If you are completing this assessment for a senior, please provide their contact information.

<b>First Name</b>	<b>Last Name</b>

- I would like an Aware Senior Care RN to evaluate my worksheet and contact me with an initial assessment and recommendations**

Thank You!

Aware Senior Care ([www.awareseniorcare.com](http://www.awareseniorcare.com)) 919-436-1871

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