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## Checklist

### *Checklist For Families With Elderly Loved Ones To Help Determine The Need For In-Home Senior Care Services.*

#### **HOW IS THE ENVIRONMENT?**

- Is the home orderly and well kept?
- Are necessary home repairs being performed?
- Any unusual amount of clutter, dust, dirt or garbage?
- Any unpleasant odors?
- Do the cupboards or refrigerator smell?
- Is the food in the refrigerator fresh and well stocked? (Check the expiration dates in both the refrigerator and the pantry.)
- Are there safety hazards present, i.e. carpet tears, loose banister, no safety handles in the bathroom, etc.
- Are the houseplants living?
- Do the house pets look healthy and properly cared for?

#### **DOES YOUR LOVED ONE...**

- Appear healthy?
- Lost or gained weight?
- Call you by name?
- Speak normally?
- Show signs of irritability – mood changes?
- Show a lack of energy... increasing fatigue?
- Keep up on the news?

#### **DOES YOUR LOVED ONE... (CONT.)**

- Properly maintain their checkbook and credit obligations?
- Mail stack up?
- Continued their outside activities?
- Stay in touch with friends and relatives?
- Have recent or numerous auto mishaps/accidents?
- Have future plans or goals?
- Show signs of depression?
- Show signs of decreasing vision and/or hearing?
- Have unusual tearing or bruising of the skin?
- Have soft, supple skin, and is the color normal?
- Have the ability to move around the home without concern?
- Have different prescriptions? From various doctors?
- Have the ability to take their prescriptions on time?
- Have expired prescriptions and other meds that they may be taking?
- Have clothing that is stained, have tears, etc.?
- Take the time for proper grooming... hair, nails, makeup, etc.?
- Have teeth that appear clean?