

## Tasks for Caretaker Team

Task	Day/Time	Person Responsible	Contact Info
Grocery shopping/ errands			
Meal preparation			
Housekeeping/ laundry			
Doctors' appointments			
Medication management			
Monitor feet for wounds due to diabetes			
Pay bills/handle insurance			
Home/yard maintenance			

## Checklist of Important Documents

Use this form to locate each of the following items that apply to your situation.

Document	Where to Find It	Notes
<b>Health Insurance Policies</b>		
<input type="checkbox"/> Primary Health Insurance		
<input type="checkbox"/> Supplemental Medical Insurance		
<input type="checkbox"/> Medicare Card		
<input type="checkbox"/> Long-Term Care Insurance		
<input type="checkbox"/> Disability Insurance/ Life Insurance (Agent, Beneficiaries)		
<input type="checkbox"/> Funeral Insurance Policy		
<b>Financial Accounts &amp; Valuables</b>		
<input type="checkbox"/> Safe-Deposit Box & Keys		
<input type="checkbox"/> Checking & Savings Accounts		
<input type="checkbox"/> Brokerage Accounts		
<input type="checkbox"/> Stocks & Bonds		
<input type="checkbox"/> Jewelry/Coins		
<input type="checkbox"/> Appraisals & Inventory Lists		
<b>Retirement &amp; Benefit Plans</b>		
<input type="checkbox"/> 401k Plans		
<input type="checkbox"/> Profit Sharing/Pension Plans		
<input type="checkbox"/> IRA Accounts		
<input type="checkbox"/> Military Benefits/ Records		
<input type="checkbox"/> Social Security Records		

## Checklist of Important Documents *(cont.)*

Document	Where to Find It	Notes
<b>Debt</b>		
<input type="checkbox"/> Credit Cards		
<input type="checkbox"/> Outstanding Bills/Loans		
<b>Taxes</b>		
<input type="checkbox"/> Annual Income Tax Records		
<input type="checkbox"/> Property Tax Records		
<b>Personal Legal Documents</b>		
<input type="checkbox"/> Birth Certificate		
<input type="checkbox"/> Passport		
<input type="checkbox"/> Citizenship Papers (if applicable)		
<input type="checkbox"/> Marriage Certificate/ Divorce Records		
<input type="checkbox"/> Will and/or Trust		
<b>Other Legal Documents</b>		
<input type="checkbox"/> Contracts/Partnership Agreements		
<input type="checkbox"/> Deed to House		
<input type="checkbox"/> Mortgage (or Rental Lease)		
<input type="checkbox"/> Homeowner's Insurance		
<input type="checkbox"/> Automobile Title		
<input type="checkbox"/> Automobile Insurance		
<input type="checkbox"/> Driver's License		
<input type="checkbox"/> Burial Plot Information/ Deed		

## Checklist of Important Documents *(cont.)*

---

### Legal & Financial Advisers

**Accountant Name** .....

Address .....

Phone .....

**Attorney Name** .....

Address .....

Phone.....

**Executor/Trustee Name** .....

Address .....

Phone .....

**Co-executor/Trustee Name (if any)** .....

Address .....

Phone .....

**Other** .....

Address .....

Phone .....

## Home Safety Checklist

---

### Outside

- Make sure entryways, including walkways, exterior steps, and porches are in good repair, free of debris, and with no crumbling edges or broken boards.
  - Install a secure railing that is easy to grasp with both hands.
  - In some cases, steps may need to be modified or ramps installed.
  - Use lights to illuminate a wide area of yard and walkway from the parking area to the entrance.
  - Smooth out or eliminate the doorway threshold, or make sure it is well marked.
  - Install a key safe outside the front door to allow access for caregivers and emergency personnel to open the door if the care recipient is unable.
- 
- 
- 
- 

### In the Kitchen

- Floor space should be free of clutter and throw rugs.
  - Floor should not be waxed or slippery.
  - Make sure pathways are wide enough to accommodate a walker or wheelchair, if necessary.
  - Make everyday kitchen items easily accessible to avoid excessive bending and reaching. This may mean leaving a small number of dishes, cups, pots, etc. on the counter instead of on shelves that are too high or too low
  - Chairs should be firm and stable, without casters or rollers.
  - Loosen lids before putting items away in the refrigerator or pantry, or purchase special openers made for arthritis sufferers.
  - Pre-cut vegetables, cheese, and meat.
  - Buy or prepare smaller portions/packages of food for easier meal prep.
  - If necessary, prepare meals or use a meal service.
- 
- 
- 
-

## Home Safety Checklist (cont.)

---

### In the Bedroom

- Make sure the floor is clutter free without loose rugs.
- The path between the bed and the bathroom should be free of clutter and well lit (use nightlights that go on automatically when it gets dark or motion-activated lights).
- Smooth out or eliminate doorway and shower thresholds.
- Use adequate lighting with accessible switches that can be turned on without walking across a dark room.
- There should be an accessible phone near the bed.
- A chair with armrest and firm seating is recommended to avoid falls while dressing.
- Lower closet racks and remove items from low dresser drawers to avoid excessive reaching or bending.
- Consider lowering (or lifting) the bed if it is difficult to get in and out of easily. In some cases, safety rails may be necessary.
- Simplify wardrobes for easier dressing, particularly for those with dexterity issues.

---

---

---

---

### In the Bathroom

- Doorways should be wide enough to pass through when using a walker or wheelchair, if necessary, and thresholds should be smoothed out or eliminated.
- Floors should be free of clutter, without throw rugs.
- Install secure grab bars in shower/bath and near the toilet.
- Consider using a shower seat or walk-in tub.
- Make sure the floor of the tub and/or shower has a non-slip surface.
- Consider a raised toilet seat with attached grab bars.
- Install a handheld shower sprayer within easy reach.

---

---

---

---

## Home Safety Checklist (cont.)

---

### Other Living Areas

- Walkways should be wide enough to pass through using a walker or wheelchair, if necessary.
- Pathways should be free of clutter, with no electric or phone cords running across walkways or open areas.
- Be sure carpets and large area rugs are securely tacked down, with no frayed or rolling edges, and eliminate throw rugs.
- Use adequate lighting with accessible switches that can be turned on without walking across a dark room.
- Sofas and chairs should be high and firm enough for easy sitting and rising. In some cases, assisted chairs may be necessary.
- All stairways should be free of clutter and loose rugs and have secure handrails and proper lighting.
- If stairs are unavoidable and difficult to negotiate, consider installing a stair lift.

---

---

---

---

## Where to Live

What type of help does the person need? Assistance with household chores, preparing meals, and bill paying can be done easily in the person's home, while help with bathing, dressing, and eating may involve round-the-clock care and necessitate a live-in caregiver or a move.

.....

.....

.....

Does your loved one have strong community ties, a good social network, or close friends and neighbors? If so, staying home may be the best option.

.....

.....

.....

Is transportation available for shopping, appointments, and recreation? As a caregiver, can you provide this transportation?

.....

.....

Is the home safe and functional for the care recipient? If not, can it be retrofitted with safety measures? Are these modifications affordable?

.....

.....

.....

How much paid home care is necessary—from a few hours each day to a live-in companion? Is this affordable?

.....

.....

.....

Can family members supplement this care? Are they able to stop in frequently and check on home aides?

.....

.....

Is the care recipient able to report problems or communicate well enough to form a good relationship with a paid caregiver?

.....

.....

.....

Are there any behavioral problems that might make it difficult or impossible to retain a home aide?

.....

.....



## Is a Shared Residence the Best Option?

While sharing a residence with a loved one can make caregiving easier, and may create close bonds between the caregiver and the care recipient, as well as other family members, there are some questions to consider before you make the move.

Can your home be modified to accommodate the care recipient's needs and safety? Are these modifications affordable?

.....  
.....  
.....

Can your home be arranged to provide some privacy for both parties?

.....  
.....  
.....

Is the atmosphere conducive to caregiving (e.g., a busy household with young children may be disruptive)?

.....  
.....  
.....

If the caregiver is working outside the home, will the care recipient be home alone? Can hired aides or adult day programs provide care and companionship while you are gone?

.....  
.....  
.....

What type of care is required? Can the care recipient function somewhat independently, manage his or her personal care, and pitch in around the house? If round-the-clock care is required, can you hire help? Can other family members share the cost and responsibilities?

.....  
.....  
.....

How do other family members (i.e., spouse and siblings) feel about the new arrangement and the changes it will bring?

.....  
.....

How well do you get along with the care recipient? Will personalities mesh or clash? Are you comfortable discussing problems openly?

.....  
.....

## Evaluate Care Facilities

Facility Name .....

Address .....

Contact .....

Dates Visited ..... Time of Day .....

Dates Visited ..... Time of Day .....

### General

Yes No

Is the facility licensed and certified by Medicare and/or Medicaid?

Has the license ever been revoked?

Is the facility accepting new patients?

If not, what is the waiting period for new admissions? .....

Does the facility conduct background checks on all staff members?

How many licensed nurses are on duty each shift?

RNs ..... LPNs .....

What is the patient-to-staff ratio? .....

Nurse-to-patient ..... Aide-to-patient .....

Does the facility have an active family council?

Does the facility have an active family council?

What is the visiting policy? .....

What is the discharge policy? .....

### Safety

Yes No

Do rooms and bathrooms have grab bars and call buttons?

Are hallways and common areas well lit?

Do the hallways have handrails?

Are there security and fire systems?

Are there safety locks on the doors and windows?

## Evaluate Care Facilities (cont.)

---

### Care

Yes No

- Does the facility appear and smell clean?
- Are residents bathed and well groomed?
- Do staff members interact well with residents?
- Do residents participate in activities and exercise?
- Do residents have the same caregivers on a daily basis?
- Do the staff members respond quickly to calls for help?
- Does the food look, smell, and taste good?
- Is there a variety of meals, and do residents have choices at mealtimes?
- Are nutritious snacks available throughout the day and evening?
- Are the residents who need help eating and drinking receiving it?
- Is physical therapy available for as long as the resident needs it?
- Are the staff members well trained to deal with dementia?
- Are there units or programs for special needs such as Alzheimer's?

### Quality of Life

Yes No

- Is there a residents' "bill of rights" posted?
- Do staff members knock before entering a resident's room?
- Are doors shut when the staff members dress and bathe a resident?
- Does the nursing home meet cultural, religious, or language needs?
- Does the facility provide outdoor areas?
- Are residents allowed to make choices about daily routines, such as when to go to bed, when to get up, when to bathe, or when to eat?
- Are residents allowed to have personal articles and furniture in their rooms?
- Are staff members friendly, considerate, and helpful?
- Does the facility have a warm, homey environment?

(Reprinted with permission from AARP.org. Copyright 2007 AARP. All rights reserved.)

## Assisted Living Checklist

---

When deciding if assisted living is the best choice for your loved one, ask yourself the following questions:

Is your loved one healthy and mobile enough to live comfortably in a private apartment with some help? Can they get from the apartment to the dining room and other common areas unassisted by staff?

---

---

---

What level of help is required? While assisted living facilities typically help with some personal care services, such as bathing and dressing, assistance with using the toilet, incontinence, feeding oneself, or getting in and out of bed is usually beyond the scope of these facilities.

---

---

---

Do chronic health issues such as diabetes or heart disease require daily monitoring or skilled nursing care? If so, a skilled nursing home may be necessary.

---

---

---

Are family members and friends able to visit often and monitor care?

---

---

---

Are the social aspects appealing? Is your loved one social enough to participate in activities and form relationships with other residents?

---

---

---

## Interviewing a Physician

---

During an interview with a physician, here are some factors to consider:

1. Does he or she treat you and your loved one with courtesy and respect? Even if the person you are caring for relies on you to write down instructions and ask the doctor questions, the physician should address the care recipient directly, as well as the caregiver, in a respectful way.

---

---

---

2. Is his or her personality compatible with you and the person for whom you are caring? Do you feel comfortable conversing with him or her?

---

---

---

3. Does he or she listen without interrupting?

---

---

---

4. Does he or she answer your questions completely and clearly?

---

---

---

5. Does he or she explain diagnoses and treatment options patiently and in a way that's easy to understand? Does he or she encourage follow-up questions?

---

---

---

6. Is he or she open-minded enough to consider your opinions/suggestions or possible alternative treatment options, such as acupuncture?

---

---

---

## Physician Visit Record

Physician's Name .....

Specialty .....

Address .....

Phone ..... Answering Service .....

Date of 1st Visit .....

Reason .....

Visit Date	Recommendation/Notes	Medications Prescribed	Tests/Results

Questions/Concerns to discuss at next visit:

.....

.....

.....

.....

.....

.....

.....

# Medication List

Medication lists for .....

Medication .....

Dosage .....

Directions .....

Reason for taking .....

Prescribing doctor .....

Medication .....

Dosage .....

Directions .....

Reason for taking .....

Prescribing doctor .....

Medication .....

Dosage .....

Directions .....

Reason for taking .....

Prescribing doctor .....

Medication .....

Dosage .....

Directions .....

Reason for taking .....

Prescribing doctor .....

Medication .....

Dosage .....

Directions .....

Reason for taking .....

Prescribing doctor .....

## Are You Suffering from Caregiver Burnout?

---

All caregivers experience some degree of exhaustion and feelings of “I’ve had enough.” However, if these feelings are persistent they may escalate into caregiver burnout, which is described as “a state of physical, emotional, and mental exhaustion that may be accompanied by a change in attitude, from positive and caring to negative and unconcerned.” The symptoms of caregiver burnout are similar to those of stress and depression.

If you suspect you are suffering from caregiver burnout, ask yourself these questions:

Have I withdrawn from friends and family?

---

Have I lost interest in activities I used to enjoy?

---

Do I feel inadequate and helpless?

---

Am I easily irritated and angered?

---

Am I having difficulty concentrating and easily forgetting things?

---

Am I having difficulty sleeping or sleeping too much?

---

Have I experienced a change in appetite (either loss of appetite or overeating)?

---

Am I getting sick more often or having worsening symptoms of health conditions?

---

Do I ever have feelings of wanting to hurt myself or the person for whom I am caring?

---

If you answered “yes” to any of these questions, it’s time to talk to your own physician. In some cases, a physician may prescribe an antidepressant or recommend talking to a therapist. It’s also time to get help with your caregiving duties.