

Parent Care Reflection Workbook

20 Signs Your Parent May Need Assisted Living or Memory Care

1. Frequent forgetfulness Reflection Questions: • What have I noticed recently? • When did this begin? • How often does this happen? • How does this affect safety or quality of life? • What support might help right now?

2. Difficulty managing medications Reflection Questions: • What have I noticed recently? • When did this begin? • How often does this happen? • How does this affect safety or quality of life? • What support might help right now?

3. Changes in hygiene or appearance Reflection Questions: • What have I noticed recently? • When did this begin? • How often does this happen? • How does this affect safety or quality of life? • What support might help right now?

4. Unsafe living conditions Reflection Questions: • What have I noticed recently? • When did this begin? • How often does this happen? • How does this affect safety or quality of life? • What support might help right now?

5. Weight loss or poor nutrition Reflection Questions: • What have I noticed recently? • When did this begin? • How often does this happen? • How does this affect safety or quality of life? • What support might help right now?

6. Social withdrawal Reflection Questions: • What have I noticed recently?
• When did this begin? • How often does this happen? • How does this
affect safety or quality of life? • What support might help right now?

7. Mood or personality changes Reflection Questions: • What have I noticed
recently? • When did this begin? • How often does this happen? • How does
this affect safety or quality of life? • What support might help right now?

8. Difficulty with daily tasks Reflection Questions: • What have I noticed
recently? • When did this begin? • How often does this happen? • How does
this affect safety or quality of life? • What support might help right now?

9. Trouble managing finances Reflection Questions: • What have I noticed recently? • When did this begin? • How often does this happen? • How does this affect safety or quality of life? • What support might help right now?

10. Confusion about time or place Reflection Questions: • What have I noticed recently? • When did this begin? • How often does this happen? • How does this affect safety or quality of life? • What support might help right now?

11. Increased falls or mobility issues Reflection Questions: • What have I noticed recently? • When did this begin? • How often does this happen? • How does this affect safety or quality of life? • What support might help right now?

12. Missed medical appointments Reflection Questions: • What have I noticed recently? • When did this begin? • How often does this happen? • How does this affect safety or quality of life? • What support might help right now?

13. Repeating stories or questions Reflection Questions: • What have I noticed recently? • When did this begin? • How often does this happen? • How does this affect safety or quality of life? • What support might help right now?

14. Getting lost in familiar places Reflection Questions: • What have I noticed recently? • When did this begin? • How often does this happen? • How does this affect safety or quality of life? • What support might help right now?

15. Your gut feeling something isn't right Reflection Questions: • What have I noticed recently? • When did this begin? • How often does this happen? • How does this affect safety or quality of life? • What support might help right now?

16. Increased paranoia or suspicion Reflection Questions: • What have I noticed recently? • When did this begin? • How often does this happen? • How does this affect safety or quality of life? • What support might help right now?

17. Poor housekeeping or clutter Reflection Questions: • What have I noticed recently? • When did this begin? • How often does this happen? • How does this affect safety or quality of life? • What support might help right now?

18. Trouble following conversations Reflection Questions: • What have I noticed recently? • When did this begin? • How often does this happen? • How does this affect safety or quality of life? • What support might help right now?

19. Forgetting names of close family members Reflection Questions: • What have I noticed recently? • When did this begin? • How often does this happen? • How does this affect safety or quality of life? • What support might help right now?

20. Leaving appliances on or safety hazards Reflection Questions: • What have I noticed recently? • When did this begin? • How often does this happen? • How does this affect safety or quality of life? • What support might help right now?

Disclaimer

This workbook is for educational and informational purposes only and does not constitute medical, legal, or professional advice. I am not a doctor, attorney, or licensed care provider. I'm simply sharing insights from my own experience and my journey caring for my own parent. Always consult qualified professionals for guidance regarding medical, legal, and financial decisions.