## Caregiver & Dementia Patient Assessment Checklist

Making Informed Decisions: In-Home Care vs. Alternate Living

1. Caregiver Stress & Capacity Checklist
$\square$ I feel emotionally drained or overwhelmed most days.
$\square$ I frequently feel resentment, guilt, or frustration.
$\square$ My sleep is disrupted due to caregiving responsibilities.
$\square$ My physical health has declined (frequent colds, fatigue, etc.).
$\hfill\square$ I have little to no time for self-care, hobbies, or social interaction.
$\hfill\square$ I've missed work or other obligations due to caregiving.
$\hfill\square$ I feel isolated or unsupported in my caregiving role.
$\hfill\square$ I've considered hiring help but don't know where to start.
$\hfill\square$ I feel unsafe or unprepared to handle medical or behavioral crises.
§ 5 or more boxes checked? Consider external care support or respite services.
2. Dementia Symptom Severity Checklist
$\square$ Frequent memory loss that disrupts daily life (e.g., forgetting names, tasks).
$\square$ Wandering or getting lost—even in familiar places.
$\square$ Increased aggression, agitation, or paranoia.
$\hfill\square$ Incontinence or increased difficulty managing hygiene.
$\square$ Repetitive questions, restlessness, or sundowning (evening confusion).
$\hfill\square$ Difficulty eating, swallowing, or significant weight loss.
$\hfill\square$ Trouble with mobility, increased falls, or unsafe movement.
$\hfill\square$ Difficulty with basic tasks: dressing, grooming, to ileting, bathing.
$\hfill\square$ Medication mismanagement or refusal to take meds.
$\square$ Needs 24/7 supervision for safety and well-being.
♀ 4 or more boxes checked? Consider consulting a physician and exploring memory care options.



3. Safety & Home Environment Checklist

## □ The home is not dementia-safe (stairs, sharp edges, unsecured exits). □ Emergency response time is delayed or unreliable. □ There's no back-up caregiver if the primary is unavailable.

☐ There are frequent close calls (wandering, falls, kitchen accidents).

 $\hfill\square$  Medical appointments, transportation, or the rapies are difficult to manage.

 $\hfill \square$  You've modified the home but still face daily challenges.

§ 3 or more boxes checked? Consider whether home is still a viable option.

## 4. Discussion & Decision-Making Aids

$\square$ Have you had a care planning meeting with a physician, social	ll worker, or geriatric care manager?
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☐ Have you explored all available support: respite care, adult day centers, in-home care aides?

 $\hfill\square$  Have you talked to family members about shared caregiving responsibilities or financial support?

 $\square$  Have you met with an in home care agency to find out about an assessment and pricing?

☐ Have you met with a placement agent and researched local assisted living or memory care communities?

☐ Have you considered the financial implications of in-home vs. facility care?

## **Decision Guide**

If multiple sections have several boxes checked, it may be time to:

- Schedule a geriatric care consult
- Consider part-time or full-time in-home care
- A Tour memory care or assisted living options
- Representation of the property of

Remember: Prioritizing both your well-being and the patient's safety leads to the best possible care journey for everyone involved.

