



SPOT THE SIGNS

Does your loved one
need homecare services?

CaringSeniorService.com

Would you or a loved one benefit from a caregiver in the home?

- | | YES / NO |
|---|--------------|
| 1 In the past year, have you fallen or been afraid of falling in your home? | Y / N |
| 2 Do you require assistance to prepare and eat nutritious meals? | Y / N |
| 3 Have you been hospitalized or been to an emergency room in the past year? | Y / N |
| 4 Do you have heart disease, stroke, COPD, osteoporosis, diabetes, or arthritis? | Y / N |
| 5 Do you use an assistive device to help with balance or walking? | Y / N |
| 6 Do you sometimes miss taking medications when required? | Y / N |
| 7 Do you require assistance with personal care (bathing, toileting, dressing)? | Y / N |
| 8 Are you unable to clean your house as often as you would like? | Y / N |
| 9 Do you require transportation or errand assistance? | Y / N |
| 10 Is it important to you to continue to live as independently as possible in your own home? | Y / N |

If you answered 'yes' to 2 or more questions you or your loved one's safety may be at risk.

*For more information,
contact our care management team today.*