Is it time to move?

The following are some common benchmarks that may signal a time to consider a move from independent living. You may recognize only a few, or many may be of concern. The symptoms may be occasional or frequent. Only you can decide whether they are significant enough to make a change. If you need guidance, consult your doctor or an elder care professional.

A. ISOLATION AND LONELINESS

- o loss of peer support systems
- o withdrawal from social events, friends, family
- o excessive sleep or abnormal daily schedule
- o depression
- o inadequate social stimulation
- o fear and insecurity when alone
- o depleted or insufficient caregiver resources (family, neighbors, friends, paid help)

B. HEALTH AND HYGIENE

- o lack of interest in personal appearance/hygiene
- o difficulty showering or bathing
- o difficulty managing laundry
- disinterest in general personal health care measures (taking medication correctly, managing a diet, reporting symptoms accurately, following doctor's orders)
- o repeated illnesses
- o difficulty coping with illness
- difficulty completing grooming, hygiene or dressing tasks
- health conditions need daily or frequent monitoring and management
- o difficulty with toileting or incontinence

C. ENVIRONMENTAL SAFETY

- o frequent falls or other injuries at home
- o difficulty summoning assistance
- difficulty recognizing and/or managing dangerous situations
- o difficulty with usual household chores, handyman and outdoor maintenance tasks
- unsafe food handling
- o difficulty with stairs
- o unsafe electrical appliance use
- impaired mobility and/or senses, resulting in safety concerns
- o unable to leave home unassisted

D. MEDICATION SAFETY

o confusion about medication schedules

- o confusion about medication purposes
- o medication doses are missed
- o too many doses of medication are taken
- o non-prescription medications are misused
- o bottle labels cannot be read
- medication doses and types are self-adjusted without doctor's orders
- difficulty managing pharmacy contacts to fill and refill medications

E. NUTRITION

- o reliance on pre-packaged foods/snacks for meals
- o reliance on one meal to last the entire day
- o unable to get groceries independently
- o difficulty using or fear of the stove and oven
- o difficulty planning and preparing a meal
- o on the "Cheerio Diet" main course is cereal
- dehydration
- o changes in appetite or weight, such as weight loss

F. COGNITIVE FUNCTION

- o difficulty making decisions
- disorientation to any combination of time, person or place
- o difficulty managing day to day responsibilities
- o excessive reliance on family or friends
- diminished interest in hobbies or activities that have previously been enjoyed
- o anxiety and aggression
- o frequent need for cues, prompts and reminders
- o diminished concentration ability with games, books, television, conversation
- o disturbed sleep patterns
- o difficulty using the telephone
- o difficulty handling money
- o compromised judgment skills