

Live Alone Assessment

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| <p>The following conditions may indicate when a person with dementia is no longer safe to live alone or will require more services, assistance or placement. Place a check by each statement that is known or observed. Calculate scores in each section and utilize recommendations from Boxes A – C.</p> | | | |
| GRADE | | | |
| <p style="text-align: center;">A = Emergent</p> <p>Only <u>one condition</u> needs to be present. Immediate help or placement is required.</p> | <p style="text-align: center;">A / B Emergent/ Semi-Emergent</p> <p>Can be either A or B depending on the cause, severity, and the person's response to the situation.</p> | <p style="text-align: center;">B = Semi-Emergent</p> <p>> <u>2 conditions</u> indicate that there are safety concerns that must be addressed and remediated.</p> | <p style="text-align: center;">C = Non-Emergent</p> <p>> <u>3 conditions</u> are present. Additional help will be beneficial. Re-evaluate monthly.</p> |
| OBSERVED OR REPORTED CONDITIONS | | | |
| <ul style="list-style-type: none"> <input type="checkbox"/> Weight loss of > 6 pounds or 10% body weight in 6 months, evidence of protruding bones <input type="checkbox"/> Presence of paranoia, hallucinations, delusions, aggression or thoughts of suicide <input type="checkbox"/> Threatens violence with/without weapons <input type="checkbox"/> Evidence of caregiver injury/domestic violence <input type="checkbox"/> Repeated ER visits, hospitalizations <input type="checkbox"/> Evidence of substance abuse <input type="checkbox"/> Frequent calls to police or emergency services <input type="checkbox"/> Wandering outside the home <input type="checkbox"/> No food/rancid food in the home <input type="checkbox"/> Lack of safety with stove, power tools, yard <input type="checkbox"/> Unable to take medications correctly <input type="checkbox"/> Live stock/other animals receive inadequate care <input type="checkbox"/> Eviction notice served | <ul style="list-style-type: none"> <input type="checkbox"/> Malfunctioning plumbing <input type="checkbox"/> Thermostats not set appropriately for weather conditions <input type="checkbox"/> Chronic anxiety, panic attacks, worry or depression is present <input type="checkbox"/> Unsafe driving or refuses to stop driving <input type="checkbox"/> Neighbors calling police | <ul style="list-style-type: none"> <input type="checkbox"/> Not able to manage bowel/bladder care <input type="checkbox"/> Repeated calls to family/others asking what to do next <input type="checkbox"/> Dirty/infested household <input type="checkbox"/> Garbage accumulation <input type="checkbox"/> Food stored inappropriately <input type="checkbox"/> Taken advantage of by family, friends, neighbors <input type="checkbox"/> Refuses personal care for prolonged period of time | <ul style="list-style-type: none"> <input type="checkbox"/> Phone calls from community members advising help is needed <input type="checkbox"/> Vegetative or socially isolated behavior (sitting all day with TV on or off) <input type="checkbox"/> Missing belongings, hiding things <input type="checkbox"/> Poor grooming, wearing the same clothing all the time, soiled appearance |
| Total A: | Total A/B's: | Total B: | Total C: |

Adapted from the University of Iowa, 2004