## Take Our QUIZ Today To See If It Is Time to Look Into in-Home Care?

11.0		
1) Does your loved one r	YES	I food in the refrigerater?  NO
2) Is the home cluttered, dirty, or unkempt?		
	YES	NO
3) Have you noticed any	dents or s	cratches on their car?
	YES	NO
4) Do they have difficulty remembering important dates, recent events & medical appointments?		
	YES	NO
5) Do they appear unkempt, wearing dirty or soiled clothes?		
	YES	NO
6) Do they have trouble bed?	getting dre	essed in the morning? Or getting undressed & ready for
	YES	NO
6) Have you noticed that they have an increased fear or reluctance to living alone?		
	YES	NO
7) Are they unsteady when they walk?		
	YES	NO
8) Have you noticed bruising, open wounds or skin tears?		
	YES	NO
9) Do they forget to take	their medi	cations? Are they taking them correctly?
	YES	NO
10) Nutritional status - A (remember it is HOT in F		ring at least 2 meals a day and taking in enough fluids

YES

NO