

## PEOPLE WITH DEMENTIA LIVING ALONE ASSESSMENT

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.

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

Adapted from the University of Iowa, 2004