



Shorecare of DELAWARE
IN-HOME HEALTHCARE YOU CAN TRUST

IN-HOME HEALTHCARE CHECKLIST

Making the decision to get home care can be overwhelming for the family. If you answer "YES" to any of the questions, your loved one may benefit from home care assistance. Please call us at **888-482-8201** or email info@shorecareofdelaware.com so we can help assist you in planning for care and answering any questions you may have.

HYGIENE	YES	NO
Infrequent bathing or showering?		
Unpleasant body odor?		
Are not clean shaven?		
Increased incontinence, soiled underwear?		
Decrease care in dental hygiene?		
Lack of grooming, combing hair?		
Wearing unwashed clothes?		
HOME ENVIRONMENT		
Clutter on countertops and tables?		
Unwashed dishes piled in sink?		
Accumulation of laundry on floor?		
Noticeably lacking household cleaning?		
Decline in home maintenance and lawn care?		
Home temperature not suitable; heat on in summer, A/C on in winter?		
COGNITIVE/MEMORY/EMOTIONAL		
Increased forgetfulness?		
Forgetting or doubled medication dosage?		
Signs of uncertainty and confusion with routine tasks?		
Lack of socializing with friends and family?		
Mood swings and inappropriate behavior?		
Unable to leave and return home without confusion?		
Unable to remember the day, week or current year?		
Lack of sleep, up throughout the night wandering?		
Safety concerns with stove and other household appliances?		
Noticeable signs of depression?		
ACTIVITIES OF DAILY LIVING		
Does not cook or eat balanced daily meals?		
Dresses inappropriate to weather and temperature?		
Unable maintain regular household tasks?		
Unable to drive car safely, with confusion?		
Frequent falls?		
Confusion or unable to Independently manage finances?		
Unable to get out of bed, chair or off toilet with ease and safety?		
Unable to remember and make appointments as scheduled?		
Unable to operate stove, microwave, dishwasher, washer and dryer without incident?		
Unable to safely bathe, shower or shave independently?		