

# How much care does my loved one need?

What to consider when evaluating your options.

This checklist is intended to help you understand the level of care needed for your loved one in various areas.

In almost all cases, home care is great option for keeping your loved one safe and comfortable in the home they love. From a few hours a day to 24/7 care and everything in between, we can help. If you are unsure of what your options for care are, our local Care Experts can help - just give them a call at **888 591 0017**.

	Less Care		More Care	
	1	2	3	4
<b>Toileting</b>	<input type="checkbox"/> Requires light assistance	<input type="checkbox"/> Needs prompts/reminders	<input type="checkbox"/> Needs help to transfer on/off toilet	<input type="checkbox"/> Cannot use the toilet (uses adult diapers)
<b>Bathing/ Showering</b>	<input type="checkbox"/> Requires light assistance	<input type="checkbox"/> Needs help to get in and out of the bath/shower	<input type="checkbox"/> Needs help from 1 person with baths/showers	<input type="checkbox"/> Needs bed bath
<b>Health</b>	<input type="checkbox"/> Frail and weak Prone to falls	<input type="checkbox"/> Recent event (fall/surgery) or decline in health	<input type="checkbox"/> Brain or physical illness that affects ability to care for self	<input type="checkbox"/> Illness that requires complex medical care
<b>Eating, Drinking &amp; Meal Prep</b>	<input type="checkbox"/> Needs assistance to prepare meals and ensure fresh foods are available	<input type="checkbox"/> Needs to be prompted to eat and drink and/or requires specialized diet	<input type="checkbox"/> Needs to be fed and is unable to make any meals	<input type="checkbox"/> Has a feeding tube
<b>Moving/ Transfers</b>	<input type="checkbox"/> Can move about on own and be left alone for periods during the day.	<input type="checkbox"/> Requires use of a walker or other aide to transfer in/out of a chair/bed/ car	<input type="checkbox"/> Needs help from 2 people to transfer in/out of a chair/bed/car	<input type="checkbox"/> Needs help from a lift to move in/out of a chair/bed/car
<b>Taking Medication</b>	<input type="checkbox"/> Takes few medications and requires monitoring	<input type="checkbox"/> Takes several medications, requires reminders to ensure they are taken at the correct dose and time (ex. With food)	<input type="checkbox"/> Someone helps them take the right dose of medicines and/or supervises injections	<input type="checkbox"/> Someone else gives medication/injections or distributes through feeding tube

Unsure of your options for care or have questions?  
 Want to know more about how home care can work for your family?  
 Visit [www.qualicare.com](http://www.qualicare.com) or call 888.591.0017

	Less Care		More Care	
	1	2	3	4
<b>Memory</b>	<input type="checkbox"/> Can remember most things, some age-related memory decline	<input type="checkbox"/> Has some problems with short-term memory	<input type="checkbox"/> Cannot remember most things (severe memory loss)	<input type="checkbox"/> Has trouble remembering where they are and gets lost moving room to room
<b>Confusion/Agitation/Anger</b>	<input type="checkbox"/> Is oriented to the day, time and place	<input type="checkbox"/> Gets confused, agitated, or angry at certain times of the day (ex. evenings or when asked to bathe)	<input type="checkbox"/> Often has periods of anger, confusion, and agitation	<input type="checkbox"/> Gets agitated frequently
<b>Home Safety</b>	<input type="checkbox"/> Home is accessible, comfortable. Requires suggestions to make home more safe.	<input type="checkbox"/> Home needs safety modifications/equipment	<input type="checkbox"/> Only certain areas of home are safe/accessible	<input type="checkbox"/> Home is completely unsafe
<b>Privacy/Comfort</b>	<input type="checkbox"/> Wants to stay in familiar home.	<input type="checkbox"/> Will move in with other friend/ family, a little extra help required.	<input type="checkbox"/> Able to be independent, but requires some assistance	<input type="checkbox"/> Unaware/ confused of situation/ surroundings.
<b>Social Interaction</b>	<input type="checkbox"/> Living with/visits from friends/ family is priority. Can occupy/ entertain themselves.	<input type="checkbox"/> Prefers socializing with one person or only with friends/ family.	<input type="checkbox"/> Prefers solo activities and sometimes recognizes loved ones.	<input type="checkbox"/> Unaware/ confused by surroundings & does not recognize loved ones.

**Care Experts are great at making home care work for your family and budget. Here are some of the things we consider:**

- The option to educate and involve family members to provide some care to reduce hours
- Scheduling care when needed – based on needs/around family schedules
- Looking into local health/support community resources (if available – varies based on region)

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