

When is it Time for In-Home Care?

To find out if it's the right time to consider in-home care for yourself or someone you care about, answer the following nine simple questions. Place a check mark next to those that apply to you or the person for whom you're filling out the form. Total the points. Your level of need for in-home care is explained in the boxes below the chart.

Q	UESTIONS	POINTS
1.	Are you alone for several hours during the day and/or night?	2
2.	In the past year, have you fallen, been anxious about falling, or otherwise been at risk for falling in your home?	3
3.	Have you been hospitalized or been to the emergency room in the past year?	2
4.	Do you have at least one of these chronic ailments: Heart disease, stroke, COPD, osteoporosis, diabetes, or arthritis?	2
5.	Do you use a cane, walker, wheelchair, stair climber, or other device to help with balance or walking?	3
6.	Are you required to take several daily medications?	3
7.	Do you require assistance with at least one of the following activities: Bathing, toileting, dressing, meal prep, etc.?	3
8.	Would having a trained care provider help you with your daily activities and give you or your loved ones peace of mind?	1
9.	Is it important to you to continue living independently in your own home?	1

8-14 Points 15-20 Points 4-7 Points 0-3 Points Your total points indicate Moderate Need Urgent Need **Elevated Need** Limited Need the level of need for In-home care may In-home care is not likely In-home care is likely In-home care is likely in-home care be recommended by to be recommended to be recommended by to be recommended hospitals, doctors, with some urgency by hospitals, doctors, at this time for safety hospitals, doctors, nurses or a loved one nurses or a loved one reasons; yet you may still Total nurses or loved one want some companion **Points** care services

Council on Aging of Elkhart County

Homemaking • Attendant Care Services • Respite Care Services

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