Is the Individual Able to be *Left* Alone?

Use the following questions to evaluate how the individual handles his/her daily life to identify safety concerns. Evaluate their needs on a frequent and regular basis. Any sudden changes in behavior could mean potential health problems so please consult their physician. Always observe activities yourself, **do not** rely on the individual’s report because they can be clever at hiding their deficits.

**One or more “Yes” answers in a category may indicate a need for more supervision, support, or a need to consider a change in living arrangements.**

### Safety Concerns

- Has the individual had accidents/falls because of weakness, dizziness, or the inability to get around?
  
  _____Yes  _____No

- Has use of the stove, oven, or appliances become a problem because of forgetfulness?
  
  _____Yes  _____No

- If left unattended, would the individual have access to and attempt to use an automobile?
  
  _____Yes  _____No

- Are there stairs or conditions in the home that are a hazard?
  
  _____Yes  _____No

- Does the individual use mobility/assistive devices inappropriately?
  
  _____Yes  _____No

- Does the individual use the telephone improperly (i.e. unable to make phone calls in emergencies, offers sensitive information to inappropriate person)?
  
  _____Yes  _____No
- Is the individual unable to problem-solve in an emergency situation and make appropriate decisions?
  
  _____Yes    _____No

- Is the individual likely to wander away from the house if left alone?
  
  _____Yes    _____No

- Does the individual create safety hazards because of forgetfulness or carelessness (i.e. smoking, firearms, knives, letting in strangers)?
  
  _____Yes    _____No

**Nutritional/Medical Needs**

- Is the individual unable or unwilling to prepare meals?
  
  _____Yes    _____No

- Does the individual forget to eat appropriate meals/drink fluids on a regular basis?
  
  _____Yes    _____No

- Does the individual forget to take needed medication?
  
  _____Yes    _____No

**Personal Hygiene**

- Is the individual unable or unwilling to toilet appropriately when necessary?
  
  _____Yes    _____No

- Is the individual unable to change clothing or bed linen as necessary to remain clean and dry?
  
  _____Yes    _____No

If the individual may become disoriented or lost, call the Alzheimer’s Association at 800-272-3900 to obtain a Medic Alert + Safe Return bracelet application. Feel free to call the Alzheimer’s Association for any other additional information, educational materials, and/or support.

*Adapted from Alzheimer's Association, St. Louis Chapter*