

An elderly couple is walking up a set of stone steps in a park. The man, on the left, is wearing a blue denim jacket, khaki pants, and a blue flat cap. The woman, on the right, is wearing a light-colored cardigan and blue jeans. They are both looking back over their shoulders at each other. The background is filled with trees with pink blossoms, creating a soft, warm atmosphere. The entire image is framed by a blue border with a yellow wavy line at the top and bottom.

Caring with Confidence

A Guide for Caregivers Supporting Older Adults



Phoenix Senior Living®

When it comes to you and your loved ones, **everything matters.**

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Support Starts Here

According to the **Centers for Disease Control and Prevention (CDC)**, more than **53 million Americans** provide unpaid care to an adult each year.* While caregiving is rooted in love, it can also feel overwhelming and uncertain at times. If this is your journey, please know **you are not alone**. Phoenix Senior Living is here to help.

This caregiver guide shares the same practical tools and thoughtful approach Phoenix Senior Living uses to help families assess needs, plan next steps and support successful aging. And when you're ready for more personalized guidance, we are always available to walk alongside you in this journey.

*Source: CDC. "Dementia Caregiving as a Public Health Strategy"

MEDICATION MANAGEMENT

Statistics show that 40-75% of older adults do not take their medications correctly.*

For each item, select the rating that best reflects your confidence in the current situation:

1 – Excellent | 2 – Good | 3 – Fair | 4 – Poor | 5 – Very Poor

	EXCELLENT	GOOD	FAIR	POOR	VERY POOR
Fulfilling new orders and refills	☐	☐	☐	☐	☐
Medication Set-up	☐	☐	☐	☐	☐
Understands reason for medication	☐	☐	☐	☐	☐
Understands dosage and schedule	☐	☐	☐	☐	☐
Understands side effects and interactions	☐	☐	☐	☐	☐
Takes medications as prescribed	☐	☐	☐	☐	☐
Systems for monitoring medication use	☐	☐	☐	☐	☐
TOTAL POINTS					☐

TOTAL POINT RANGE: 0-7: Satisfied | 8-14: Some room for improvement | 15-28: Definite concern

*Source: TUFTS Health Plan. "A Caregiver's Guide to Medication Management"

Medication Recommendations for Consideration:

- ☐ Use one primary pharmacy whenever possible
- ☐ Set up automatic refills
- ☐ Confirm delivery details (who, where, when)
- ☐ Group medications by time of day
- ☐ Keep an updated medication list and schedule
- ☐ Review medications regularly with a healthcare provider
- ☐ Communicate changes to all physicians
- ☐ Use a tracking system or reminder device
- ☐ Store medications together in a well-lit area with water nearby
- ☐ Label and separate pills, drops and topical medications
- ☐ Keep side effect information accessible
- ☐ Create a plan for missed doses
- ☐ Add medications to travel checklists
- ☐ Complete and display emergency contact information
- ☐ Identify a backup caregiver plan

NOTES

SOCIAL CONNECTION

Social isolation and loneliness are common among older adults, and they aren't just "feelings;" they are recognized health concerns. **About one-third of adults ages 50–80 report feeling socially isolated or lacking regular companionship**, which can affect overall well-being, emotional health and quality of life.*

At Phoenix Senior Living, we know that meaningful social connection is a key component to healthy aging. This section will help you assess your loved one's current social engagement and identify opportunities to support connection, purpose and community as part of the caregiving journey.

For each item, select the rating that best reflects your confidence in the current situation:

1 – Always | 2 – Sometimes | 3 – Barely | 4 – Never

	ALWAYS	SOMETIMES	BARELY	NEVER
Opportunities to volunteer and contribute	☐	☐	☐	☐
Opportunities to continue learning	☐	☐	☐	☐
Opportunities to attend civic groups/clubs	☐	☐	☐	☐
Opportunities for attending church and spiritual pursuits	☐	☐	☐	☐
Able to spend time with spouse or partner	☐	☐	☐	☐
Able to spend time with adult children	☐	☐	☐	☐
Able to spend time with other family members	☐	☐	☐	☐
Able to spend time with friends and peers	☐	☐	☐	☐
TOTAL POINTS				☐

TOTAL POINT RANGE: 0-6: Satisfied | 7-14: Some concern | 15-24: Definite concern

*Source: JAMA. "Social Isolation and Loneliness in Older Adults"

Peer & Community Opportunities Review:

- ☐ Adult day programs
- ☐ Senior or community centers
- ☐ Social, civic or hobby-based clubs
- ☐ Faith-based or spiritual groups
- ☐ Volunteer opportunities
- ☐ Lifelong learning or college programs
- ☐ Virtual clubs, classes or online events
- ☐ Scheduled one-on-one time with peers
- ☐ Neighborhood gatherings or local events

Family Connection Ideas:

- ☐ Shared meals or regular dining traditions
- ☐ Creating memory books, photo albums or videos
- ☐ Game nights or shared activities
- ☐ Family celebrations or gatherings
- ☐ Cultural or community outings
- ☐ Virtual visits when in-person time isn't possible
- ☐ Morning or evening check-ins
- ☐ Planned non-caregiving time to simply connect

NOTES

EMERGENCY PLAN

Being prepared for an emergency is important at every stage of life, and especially critical as we age. Use the checklist below to review current safeguards and identify opportunities to strengthen your loved one’s safety and peace of mind.

KEY ELEMENTS	✓
Wearable emergency response device available if a phone is out of reach	☐
Emergency packet on hand with medical history, medications and care preferences	☐
Emergency contact list clearly visible and easily accessible	☐
First aid kit readily available	☐
Fire extinguisher located and in working order	☐
Trusted neighbor contact information documented	☐
Plan in place for natural disasters or extended power outages	☐

Emergency Planning Review:

- ☐ Review and implement updates based on this checklist
- ☐ Create a phone charging plan (charging stations in key areas, backup battery options)
- ☐ Establish a plan for home power loss or weather-related emergencies

NOTES

FALL PREVENTION & SAFETY

Falls are one of the most common and serious safety concerns for older adults. While not all falls can be prevented, understanding key risk areas and taking proactive steps can significantly reduce their likelihood. Use the assessment and recommendations below to help identify areas where you might strengthen protection and support.

	EXCELLENT	GOOD	FAIR	POOR	VERY POOR
Vision clarity and regular eye checks	☐	☐	☐	☐	☐
Medication and side-effect review	☐	☐	☐	☐	☐
Mobility and gait confidence	☐	☐	☐	☐	☐
Fitness and strength for balance	☐	☐	☐	☐	☐
Assistive device use and proper fit (canes, walkers)	☐	☐	☐	☐	☐
Home hazards and adaptive supports (lighting, grab bars, clutter)	☐	☐	☐	☐	☐

Fall risk isn't scored as a total and any one area rated "Fair," "Poor" or "Very Poor" may be a significant concern.

Fall Prevention & Safety Considerations Review:

- ☐ Complete a home safety and trip-hazard checklist
- ☐ Schedule regular eye exams and update vision prescriptions
- ☐ Use a secure strap or case for glasses when not worn
- ☐ Consider magnifiers or large-print materials for easier reading
- ☐ Establish routine strength and balance activities as advised
- ☐ Confirm assistive devices (canes, walkers) are the right size and in good condition
- ☐ Periodically review how supportive devices are used
- ☐ Clear walking paths inside and outside, free of clutter and tripping hazards
- ☐ Keep frequently used items within easy reach
- ☐ Add grab bars or railings in key areas (bathrooms, steps, hallways)
- ☐ Install night lights or motion-activated lighting in key pathways

DID YOU KNOW:

1 in 4 adults age 65+ falls each year, and these falls are a leading cause of injury and loss of independence.*

*Source: CDC. "Information for Older Adults: Preventing a Fall"

HOME & DAILY LIVING ASSESSMENT

Shifts in the home environment can signal when additional support may be needed. Evaluating your loved one's day-to-day living environment can help identify whether their current setting continues to meet their needs. Use the questions below to assess safety, accessibility and overall comfort.

For each item, select the rating that best reflects your confidence in the current situation:

1 – Excellent | 2 – Good | 3 – Fair | 4 – Poor | 5 – Very Poor

Current Living Arrangement: ☐ Living in own home ☐ Living with family ☐ Community-based

	EXCELLENT	GOOD	FAIR	POOR	VERY POOR
Overall condition and cleanliness of the home (housekeeping, laundry, trash removal)	☐	☐	☐	☐	☐
Outdoor upkeep and accessibility (lawn care, walkways, fencing, mailbox access)	☐	☐	☐	☐	☐
Safety and emergency features (alert systems, smoke detectors, alarms)	☐	☐	☐	☐	☐
Access to communication tools (phone, internet, email, emergency contacts)	☐	☐	☐	☐	☐
Ability to safely use appliances and amenities (washer/dryer, thermostat, kitchen features)	☐	☐	☐	☐	☐
Ease of navigating living spaces (stairs, cabinets, counters, bathrooms)	☐	☐	☐	☐	☐
Transportation access and mobility (driving, ride services, freedom of movement)	☐	☐	☐	☐	☐
TOTAL POINTS					☐

TOTAL POINT RANGE: 0-7: Satisfied | 8-14: Some room for improvement | 15-28: Definite concern

Home & Daily Living Recommendations to Review:

- ☐ Ensure household equipment is in good working order and easy to use (vacuum, cleaning tools, etc.)
- ☐ Store cleaning supplies where they are easy to access and safely secured
- ☐ Review safety guidelines for household chemicals and cleaning products
- ☐ Create a routine cleaning plan or schedule carpet and deep cleaning as needed
- ☐ Confirm pet care plans are in place, including arrangements for emergencies
- ☐ Identify laundry options that are easy to access, ideally on the primary living level
- ☐ Verify washer and dryer are functioning properly (hoses, vents, electrical/gas connections)
- ☐ Assess the ability to safely use appliances such as the washer/dryer, stove, oven and microwave; modify or limit access if needed
- ☐ Review trash and recycling routines (can size, curb access, rolling bins or assistance required)

NOTES

PERSONAL CARE & DAILY SUPPORT

Many older adults experience changes that can make everyday personal care more challenging over time. Reviewing these areas can help identify where added support may improve comfort, safety, and dignity.

For each item, select the rating that best reflects your confidence in the current situation:

1 – Excellent | 2 – Good | 3 – Fair | 4 – Poor | 5 – Very Poor

	EXCELLENT	GOOD	FAIR	POOR	VERY POOR
Bathing and showering	☐	☐	☐	☐	☐
Personal hygiene and grooming	☐	☐	☐	☐	☐
Dressing and clothing management	☐	☐	☐	☐	☐
Mobility and walking support	☐	☐	☐	☐	☐
Continence management	☐	☐	☐	☐	☐
Care and maintenance of sensory aids (glasses, hearing aids, etc.)	☐	☐	☐	☐	☐
TOTAL POINTS					☐

TOTAL POINT RANGE: 0-7: Satisfied | 8-14: Some concern | 15-24: Help is needed

Personal Care Recommendations to Explore:

- ☐ Complete a bathroom and shower safety review
- ☐ Schedule routine checks for sensory aids (fit, function, cleanliness, batteries)
- ☐ Clearly label dentures or partials and confirm proper fit and upkeep
- ☐ Establish a simple system for tracking sensory aids
- ☐ Schedule regular nail care or podiatry visits as appropriate
- ☐ Review clothing, dressing routines and laundry systems for ease of use

NOTES

PHYSICAL ACTIVITY & WELLNESS

Even small amounts of regular movement can make a meaningful difference in overall health, balance, and energy. This assessment is designed to help you identify what's working well today and where added support or structure may be helpful.

For each item, select the rating that best reflects your confidence in the current situation:

1 – Excellent | 2 – Good | 3 – Fair | 4 – Poor | 5 – Very Poor

	EXCELLENT	GOOD	FAIR	POOR	VERY POOR
Strength and resistance activities	☐	☐	☐	☐	☐
Walking or aerobic movement	☐	☐	☐	☐	☐
Stretching and flexibility exercises	☐	☐	☐	☐	☐
Enjoyable movement (dancing, hobbies, recreation)	☐	☐	☐	☐	☐
Restful and consistent sleep	☐	☐	☐	☐	☐
Access to fitness opportunities and programs	☐	☐	☐	☐	☐
TOTAL POINTS					☐

TOTAL POINT RANGE: 0-7: Satisfied | 8-14: Some room for improvement | 15-28: Definite concern

Fitness & Wellness Recommendations to Explore:

- ☐ Explore gym or community fitness programs
- ☐ Review home-based exercise or equipment options
- ☐ Incorporate guided video or virtual fitness classes
- ☐ Review a healthy sleep routine or sleep support checklist

NOTES

NUTRITION & MEAL PLANNING

Proper nutrition plays a vital role in maintaining strength, energy and overall well-being. This assessment is designed to help you evaluate current eating habits, meal routines and food access to determine what is working well and where additional support may be helpful.

For each item, select the rating that best reflects your confidence in the current setup:

1 – Excellent | 2 – Good | 3 – Fair | 4 – Poor | 5 – Very Poor

	EXCELLENT	GOOD	FAIR	POOR	VERY POOR
Grocery planning and shopping	☐	☐	☐	☐	☐
Adequacy of food supply at home	☐	☐	☐	☐	☐
Ability to prepare meals safely	☐	☐	☐	☐	☐
Variety of meals and food options	☐	☐	☐	☐	☐
Overall nutritional quality	☐	☐	☐	☐	☐
Social interaction during meals	☐	☐	☐	☐	☐
Routine monitoring of food expiration dates	☐	☐	☐	☐	☐
TOTAL POINTS					☐

TOTAL POINT RANGE: 0-8: Satisfied with nutrition | 9-15: Some room for improvement | 16-32: Definite concern

Nutrition & Meal Planning Recommendations to Explore:

- ☐ Review grocery shopping, delivery and pantry stocking routines
- ☐ Establish a rotation plan for emergency food supplies (3-day supply recommended)
- ☐ Create a weekly or monthly meal plan
- ☐ Prepare meals in advance for reheating as needed
- ☐ Plan shared meals several times per week when possible
- ☐ Schedule routine checks for expired food items
- ☐ Document food allergies for caregivers or temporary support services
- ☐ Record food preferences and dislikes for support teams

HYDRATION & FLUID INTAKE

Proper hydration is essential for overall health and can significantly impact energy, cognition and physical well-being. Older adults may be at greater risk for dehydration, making routine monitoring especially important. This assessment will help identify strengths and opportunities for improvement in current hydration habits.

For each item, select the rating that best reflects your confidence in the current situation:

1 – Excellent | 2 – Good | 3 – Fair | 4 – Poor | 5 – Very Poor

	EXCELLENT	GOOD	FAIR	POOR	VERY POOR
Access to water or other healthy beverage options throughout the day	☐	☐	☐	☐	☐
Fluids consistently offered at meals	☐	☐	☐	☐	☐
Fluids encouraged between meals	☐	☐	☐	☐	☐
Hydration available during physical activity	☐	☐	☐	☐	☐
System in place to track daily fluid intake	☐	☐	☐	☐	☐
Moderate intake of dehydrating beverages (coffee, alcohol, etc.)	☐	☐	☐	☐	☐
Monitoring for signs of dehydration (dry mouth, skin changes, frequent UTIs, etc.)	☐	☐	☐	☐	☐
TOTAL POINTS					☐

TOTAL POINT RANGE : 0-8: Satisfied with hydration | 9-15: Some room for improvement | 16-32: Definite concern

Hydration Recommendations to Explore:

- ☐ Offer water alongside other beverages at each meal and snack
- ☐ Encourage fluids before and after exercise or activity
- ☐ Enhance water flavor with fruit or natural additives if preferred

NOTES

PLANNING FOR THE FUTURE

Planning ahead creates clarity, confidence and peace of mind. Conversations and preparation today can make future decisions easier for everyone involved. This assessment is designed to help you evaluate financial, legal and care planning steps so you can identify areas that may benefit from additional discussion or organization.

For each item, select the rating that best reflects your confidence in the current situation:

1 – Excellent | 2 – Good | 3 – Fair | 4 – Poor | 5 – Very Poor

	EXCELLENT	GOOD	FAIR	POOR	VERY POOR
Manages personal finances effectively	☐	☐	☐	☐	☐
Financial responsibilities appropriately delegated, if needed	☐	☐	☐	☐	☐
Financial planning discussed in the event care is required	☐	☐	☐	☐	☐
End-of-life wishes clearly communicated	☐	☐	☐	☐	☐
Key legal documents in place (living will, durable power of attorney, etc.)	☐	☐	☐	☐	☐
Medicare/Medicaid options reviewed and understood	☐	☐	☐	☐	☐
Care options researched in case additional support becomes necessary	☐	☐	☐	☐	☐
Plans discussed with family members or responsible parties	☐	☐	☐	☐	☐
Contingency plans established should needs change	☐	☐	☐	☐	☐
TOTAL POINTS					☐

TOTAL POINT RANGE: 0-9: Satisfied | 10-16: Some room for improvement | 17-36: Definite concern

Future Planning & Preparedness Items to Consider:

- ☐ Consolidate personal financial details and share with a trusted contact
- ☐ Initiate conversations around potential life transitions and future needs
- ☐ Establish clear benchmarks for decision-making related to safety, health, security, social connection and overall well-being
- ☐ Document preferences for end-of-life planning (Five Wishes or similar)
- ☐ Ensure powers of attorney are established for healthcare and financial matters
- ☐ Organize wills and other essential estate planning documents
- ☐ Identify items to sell, donate or distribute that are no longer needed
- ☐ Create a care plan for pets, if applicable
- ☐ Review ownership and plans for vehicles or large equipment (cars, boats, riding mowers, etc.)
- ☐ Review VA benefits and eligibility, if applicable
- ☐ Evaluate long-term care insurance coverage
- ☐ Confirm Medicare and Medicaid eligibility requirements and timelines
- ☐ Explore in-home care and support service options
- ☐ Tour long-term care communities and review waitlist or deposit policies
- ☐ Discuss plans, preferences and important information with family members

NOTES

CAREGIVER WELL-BEING & BALANCE

Caregivers provide their best support when they also care for themselves. This assessment is designed to help identify areas where personal time, health and balance may need more attention. Rate each statement based on how often it reflects your current experience.

For each item, select the rating that best reflects your confidence in the current situation:

1 – Always | 2 – Sometimes | 3 – Barely | 4 – Never | 5 – Not Applicable

	ALWAYS	SOMETIMES	BARELY	NEVER	N/A
I spend meaningful time with my spouse or partner	☐	☐	☐	☐	☐
I maintain regular time with other family members	☐	☐	☐	☐	☐
I participate in social activities or gatherings	☐	☐	☐	☐	☐
I stay connected with friends	☐	☐	☐	☐	☐
I engage in a consistent exercise or movement routine	☐	☐	☐	☐	☐
I keep up with routine medical appointments	☐	☐	☐	☐	☐
I maintain regular dental care	☐	☐	☐	☐	☐
I participate in faith-based or spiritual activities, if meaningful to me	☐	☐	☐	☐	☐
I pursue learning, classes or other intellectual interests	☐	☐	☐	☐	☐
I make intentional time for myself	☐	☐	☐	☐	☐
I am able to take breaks or vacations from caregiving	☐	☐	☐	☐	☐
My personal finances are affected by caregiving responsibilities	☐	☐	☐	☐	☐
My work or professional life is impacted by caregiving	☐	☐	☐	☐	☐
TOTAL POINTS					☐

TOTAL POINT RANGE: 0-26: Optimal life balance | 27-40: Balance may be strained | 41-52: Burnout is a concern

CAREGIVER TIME & SUPPORT REVIEW

Caregiving responsibilities often grow gradually, making it difficult to recognize just how much time is being spent each week. This exercise helps caregivers better understand where their time is going and identify when additional support may be helpful. Record the approximate number of hours spent in each area on a weekly basis.

Travel time to and from a loved one's home to provide assistance		Hours per week
Phone calls and check-ins for reassurance, coordination or support		Hours per week
Managing financial matters, including bills, insurance and Medicare-related tasks		Hours per week
Running errands such as shopping or other necessary outings		Hours per week
Supporting nutritional needs, including grocery shopping and meal preparation		Hours per week
Assisting with household tasks such as cleaning and laundry		Hours per week
Helping with home or yard upkeep and maintenance		Hours per week
Accompanying or coordinating medical appointments (Note: Caregivers are encouraged to remain involved in this area)		Hours per week
Managing medications, prescriptions, pill organizers, and medication reminders		Hours per week
Other caregiving-related responsibilities not listed above		Hours per week
TOTAL		Hours per week

Caregiver Support Recommendations to Consider:

- ☐ Review caregiver assessments to identify priority areas for support
- ☐ Establish clear boundaries or limits that signal when additional help is needed
- ☐ Create a schedule to track caregiving duties and time commitments
- ☐ Protect time for relationships with family and friends outside of caregiving
- ☐ Intentionally schedule personal time for rest, movement or recreation
- ☐ Reassess caregiving responsibilities regularly to maintain balance
- ☐ Keep up with personal medical and dental appointments
- ☐ Explore available caregiver support resources, both paid and unpaid
- ☐ Develop a backup plan for times when caregiving coverage is unavailable



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