

Physical and medical considerations

| Question | Yes | No | Thoughts or Comments |
|--|-----|----|----------------------|
| Is there memory loss, judgment impairment, or confusion that may jeopardize anyone's safety? | | | |
| Is there significant vision or hearing loss that might impact safe movement and effective communication? | | | |
| Are there mobility issues or restrictions (e.g., balance, strength, range of motion)? Is falling a concern? | | | |
| Can groceries be easily and safely purchased, prepared, and consumed? | | | |
| Are medical devices such as a home ventilator or home dialysis required? Do you require training and/or instruction and support? | | | |
| Will you need to provide medical care between home visits from healthcare providers? | | | |

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