



Red Flag Checklist

Here is a tool that can help you determine if the older adult in your life needs more assistance. Read through the list. Mark all that apply. If you have concerns about an older adult, please call Lutheran Senior Services Aging Answers Resource & Referral Line at (314) 446-2475.

COGNITIVE/BEHAVIORAL

- Forgets to keep appointments or engagements.
- Makes repeated calls about same condition, concern or complaint.
- Makes calls at odd times of day.
- Is confused or disoriented about time of day, month or year.
- Repeats same story within same visit.
- Exhibits change in personality or behavior.
- Appears overly suspicious, paranoid, withdrawn, or anxious (hands in motion most of the time).
- Doesn't participate in previous activities of interest.
- Has difficulty with language (can't find right words) and medical history does not explain cause.
- Forgets to take medications as ordered or is unaware of reason for taking medications.
- Forgets to turn stove off (odor of burnt food or pans with burnt food are present).
- When driving he/she gets lost, has frequent accidents or car shows damage.
- Frequently locks self out of house/car.
- Unable to report what he/she would do in case of an emergency (fire, stranger at the door, etc.)

NUTRITION

- Clothes don't fit because of weight loss.
- Appears too frail to do meal preparation and doesn't receive assistance.
- Uneaten food in Meals on Wheels containers.
- Stacks of old dirty dishes in sink.
- Spoiled food on counters or in refrigerator.
- Absence of food.
- Does not have transportation to grocery store, doctor's office, or church.

PHYSICAL

- Appears unsteady getting up, down or when walking (uses walker, cane or other helpful devices).
- Forgets or refuses to use cane or walker.
- Has a history of falling (sign of bruising on arms, legs or facial area).
- Takes several medications.
- Difficulty with dressing or toileting.
- Significant loss of vision or hearing and not using adaptive devices.
- Neglects personal appearance.
- Has frequent visits to the Emergency Room.

TRANSITIONS

- Recent death of:
- Recent move from: _____ to: _____
- Increase in health problems.
- Increase in vision impairment.
- Increase in confusion/forgetfulness.
- Increase in loss of physical ability.

FINANCIAL

- Utilities have been disconnected.
- Bills unpaid or large amount of credit card debt.
- Bank account overdrawn.
- Can't reconcile bank account.
- Stacks or piles of mail.
- Participates in mail order sweepstakes that involve a purchase or contribution.
- Gives large amounts of money to charities but appears not able to afford the contributions.
- Lack of basic necessities (food, medications, etc).
- Reluctant to go to doctor or shopping because of cost of transportation.

ENVIRONMENTAL

- Household in disarray.
- Difficult to make a pathway through the house.
- Throw rugs present or carpet wrinkled.
- Strong odor of garbage, urine or gas is present.
- No handrails or banisters (inside house or outside entrances).
- Poor lighting.
- Home is not secure (door is unlocked when you arrive, no deadbolts).
- Smoke alarms or carbon monoxide detectors are not installed or are not working.
- Thermostat is not set appropriately.
- Yard is unkempt (grass uncut, collection of newspapers/mail, etc).
- Sidewalk is cracked or cluttered with high weeds.
- Unattended or poorly attended pets.

FAMILY AND SUPPORT SYSTEM

- Does not have family or friends.
- Family cannot visit frequently because of other commitments.
- Family does not live in immediate area.
- Family or friends do not seem to provide emotional support.
- Family or friends do not seem to provide hands-on support.
- Family is not able to provide financial support when needed.
- Family member appears to be cause of concern or stress.
- Family member or friend seems abusive (physically, verbally or financially).
- Neighbors are not part of the support system.
- Does not know neighbors' names.

RESPONSIBILITIES

- Lives alone.
 - Responsible for self.
 - Receives help from: _____ Name: _____
- Phone Number: _____ Relationship: _____
- Responsible for others in household.
 - Name: _____ Relationship: _____