

# Is Daytime Elder Care Right for You and Your Loved Ones?

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*Complete this checklist to help determine if you and your loved one can benefit from the services of “Day Break” at the Sheridan Senior Center.*

## **Are you increasingly worried about the health and safety of an elderly loved one who:**

- |   |     |    |
|---|-----|----|
| 1. Needs regular health check-ups and may need help with taking prescribed medications? | Yes | No |
| 2. Can no longer be alone at home completely safely?                                    | Yes | No |
| 3. Needs assistance with aspects of personal care (eating, bathing, or dressing)?       | Yes | No |
| 4. Is becoming confused or forgetful?   | Yes | No |
| 5. Has any stage of dementia, Alzheimer’s disease or memory loss?                       | Yes | No |
| 6. Is increasingly dependent on you, your time, and your energy?                        | Yes | No |

**If you said “yes” to any of these questions, your loved one may benefit from professional daytime care in the safe, supportive environment of Day Break.**

## **Are you increasingly worried about the isolation or inactivity of a family member who:**

- |  |     |    |
|--|-----|----|
| 1. Has lost interest in hobbies or trying something new?         | Yes | No |
| 2. Does not socialize or stay in touch with friends?             | Yes | No |
| 3. Needs something to do with his or her time?                   | Yes | No |
| 4. Isn’t eating well unless you plan for or prepare meals?       | Yes | No |
| 5. Is alone a lot, and doesn’t get out of the house much?        | Yes | No |
| 6. Is losing physical strength, in part due to lack of exercise? | Yes | No |

**If you said “yes” to any of these questions, you or your family member may meet new friends and make every day full of life at Day Break.**

## **Are you providing care for — or worrying about — an elderly family member? If so:**

- |   |     |    |
|---|-----|----|
| 1. Are you neglecting your own health?  | Yes | No |
| 2. Do you often have outstanding errands on your “to do list?”  | Yes | No |
| 3. Are you working or want to find a job?   | Yes | No |
| 4. Do you feel overwhelmed, or like you’re falling behind?  | Yes | No |
| 5. Have you cut back on your own personal interests?  | Yes | No |
| 6. Do you keep postponing your visits with friends and family, or the class you have been thinking about? | Yes | No |
| 7. Would rest from full-time care help you to be an even better caregiver?                                | Yes | No |

**If you said “yes” to any of these questions, Day Break can share the caring so that you can be at your best.**

**Do something wonderful. Call today.**