



Conversations Across the Lifespan Communication Guide

This is a tool for you to use to initiate and encourage conversation with your loved one, because it's never too soon to begin discussing their needs. It is our hope that the information you gather will be helpful to you. This form is for you to keep.

Discuss the following questions with your loved one and record their responses.

I have one friend or family member who knows where to find my documentation concerning:

Medical Information	<input type="checkbox"/> Yes <input type="checkbox"/> No	Will	<input type="checkbox"/> Yes <input type="checkbox"/> No
Financial Information	<input type="checkbox"/> Yes <input type="checkbox"/> No	Living Will	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Property Information	<input type="checkbox"/> Yes <input type="checkbox"/> No	Durable Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No
Legal and Estate Information	<input type="checkbox"/> Yes <input type="checkbox"/> No	Funeral Arrangements	<input type="checkbox"/> Yes <input type="checkbox"/> No

Assertiveness

I have discussed my short-term living plans with my family.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have discussed my long-term living plans with my family.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I realize the importance of having plans for the future.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I do not feel this is anyone's business.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Responsibilities

I am 100% able to live on my own and care for myself.	<input type="checkbox"/> Yes <input type="checkbox"/> No
• My family disagrees.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am 100% able to do my own shopping.	<input type="checkbox"/> Yes <input type="checkbox"/> No
• My family disagrees.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If I don't make preparations now, I may end up being a burden on my family.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Routine chores are taking up most of my day.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I feel lonely more than 50% of the day.	<input type="checkbox"/> Yes <input type="checkbox"/> No
My family or friends take care of me 100% of the time.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am rarely forgetful.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have been told that I have memory lapses, but I disagree.	<input type="checkbox"/> Yes <input type="checkbox"/> No
My family or friends take care of me 50% of the time.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Socializing**

- I have social activities outside of my house at least once a week. ☐ Yes ☐ No
- I am stuck at home and neither go out nor have friends/family visit. ☐ Yes ☐ No
- I have frequent interactions with family members. ☐ Yes ☐ No
- I rarely have time to go out socially. ☐ Yes ☐ No
- I prefer to stay at home and never go out. ☐ Yes ☐ No

Safety Concerns

- If I should fall and not be able to get up, I have a way to summon help. ☐ Yes ☐ No
- I usually have to write myself notes or put up "post it" notes as reminders. ☐ Yes ☐ No
- I am able to climb steps safely. ☐ Yes ☐ No
- I am over 55 and take the 55 Alive Driving Program every three years. ☐ Yes ☐ No

Nutrition

- I usually eat breakfast, lunch, and dinner every day. ☐ Yes ☐ No
- I usually skimp on my main meal and eat many desserts. ☐ Yes ☐ No
- Every day I eat meat, fruits, and vegetables. ☐ Yes ☐ No
- I am too tired to prepare healthy meals for myself. ☐ Yes ☐ No
- I skip the main meal and eat dessert because it's easier. ☐ Yes ☐ No
- I am losing weight. ☐ Yes ☐ No

Physical Responsibilities

- At times, it's too much to take care of my spouse or loved one. ☐ Yes ☐ No
- It is becoming overwhelming to take care of my house or my apartment. ☐ Yes ☐ No
- It is becoming difficult to care for my pet(s). ☐ Yes ☐ No
- It would be nice to have a house with no steps. ☐ Yes ☐ No
- If I should fall, someone will notice immediately and take care of me. ☐ Yes ☐ No

**Medical Information**

- My spouse/family have a list of all of the medications that I am on. ☐ Yes ☐ No
- It gets harder and harder to remember to take my medications. ☐ Yes ☐ No
- If 911 is called, I have a sign made up that clearly indicates what medications I am on. ☐ Yes ☐ No
- I live by myself and if I fall and hurt myself, I'm afraid I won't be able to get to a phone. ☐ Yes ☐ No
- I know when and how to apply for Medicare. ☐ Yes ☐ No
- I know when and how to apply for Medicaid. ☐ Yes ☐ No

Legal/Financial Information

- I feel that paying my bills is becoming overwhelming. ☐ Yes ☐ No
- Should anything happen to me, I have designated one person who knows where to find all of my legal papers. ☐ Yes ☐ No
- I have a prepared will. ☐ Yes ☐ No
- I have signed a living will. ☐ Yes ☐ No
- I have signed papers for someone to have Durable Power of Attorney. ☐ Yes ☐ No
- I have signed papers for someone to have Durable Health Care Power of Attorney. ☐ Yes ☐ No
- I have prepaid funeral expenses. ☐ Yes ☐ No
- A family member or friend is aware of my funeral requests. ☐ Yes ☐ No
- I know better than to talk with financial solicitors over the phone and will not send money unless I talk with a close relative. ☐ Yes ☐ No

Psychological Issues

- I used to do many hobbies, but now I have lost interest. ☐ Yes ☐ No
- I am too tired to get dressed in the morning. ☐ Yes ☐ No
- It's easier to watch TV all day. ☐ Yes ☐ No
- If I had the choice (could afford it), I would prefer to be in a setting where there are social activities. ☐ Yes ☐ No
- If I had the choice (could afford it), I would love to have scheduled activities to attend. ☐ Yes ☐ No
- If I had the choice (could afford it), I would love to have someone prepare my meals. ☐ Yes ☐ No
- If I had the choice (could afford it), I would love to have someone drive me to my doctor appointments and church. ☐ Yes ☐ No

**Hygiene**

- I normally take a bath/shower every day. ☐ Yes ☐ No
- I usually bathe/shower once a week. ☐ Yes ☐ No
- I only bathe when I remember or someone brings it to my attention. ☐ Yes ☐ No
- I am quite capable of shaving myself. ☐ Yes ☐ No
- My family disagree with my normal hygiene routine. ☐ Yes ☐ No

Housing

- I believe at the present time, I am quite capable of maintaining an independent living status. ☐ Yes ☐ No
- I have discussed future independent living options with a family member. ☐ Yes ☐ No
- I have discussed future assisted living options with a friend or family member. ☐ Yes ☐ No
- I have discussed and made plans for future nursing home accommodations. ☐ Yes ☐ No
- I am aware that when I am ready for independent, assisted living, or nursing homes, there may not be an opening (most places have waiting lists). ☐ Yes ☐ No

The following is what concerns me most about the aging process (check all that apply):

- ☐ Safety for myself
- ☐ Legal concerns
- ☐ Caring for a spouse
- ☐ Caring for my pet
- ☐ Health related issues
- ☐ Assisted living issues
- ☐ Nursing home issues
- ☐ Funeral arrangements
- ☐ Family arguments after I am gone
- ☐ Other _____

Congratulations for taking the first step in the communication process and addressing the needs of your loved one. We hope that this will prompt ongoing discussion of these very important life decisions.