

# AGING IN PLACE IN YOUR COMMUNITY SELF-ASSESSMENT CHECKLIST



Many people want to keep living in their home as they get older. This is called “aging in place.” Aging in place and staying active in your community requires you to **plan ahead** to stay healthy and safe. There are questions we should consider and steps we can take to stay in our home and community. Having conversations with family, friends, and neighbors who can help you age in place, is a good first step.

## HOW TO USE THIS CHECKLIST:

The list below has common questions to ask yourself if you want to age in place. Place an X in the Yes or No column to answer each question. It is helpful to do this with a close friend or family member. There are no right or wrong answers.

HEALTH	YES	NO
I eat a balanced, nutritious diet almost every day	<input type="checkbox"/>	<input type="checkbox"/>
I walk at least 30 minutes (total) every day	<input type="checkbox"/>	<input type="checkbox"/>
I do exercises, like stretching, to improve my balance	<input type="checkbox"/>	<input type="checkbox"/>
If I was unsteady or fell recently, I told my doctor and family	<input type="checkbox"/>	<input type="checkbox"/>
I manage my own medications well	<input type="checkbox"/>	<input type="checkbox"/>
My medications have been reviewed by my doctor in the last six months	<input type="checkbox"/>	<input type="checkbox"/>
Overall, my memory is still good, and I am not worried about it	<input type="checkbox"/>	<input type="checkbox"/>
I rarely forget important information or tasks	<input type="checkbox"/>	<input type="checkbox"/>
I feel happy and satisfied most days of the week	<input type="checkbox"/>	<input type="checkbox"/>

COMMUNITY	YES	NO
I use some services or programs in my community to help me age in place	<input type="checkbox"/>	<input type="checkbox"/>
I work or volunteer in my community	<input type="checkbox"/>	<input type="checkbox"/>
I stay active in social groups, community groups, or with hobbies	<input type="checkbox"/>	<input type="checkbox"/>
I have friends and/or family in my community that I talk to or visit with regularly	<input type="checkbox"/>	<input type="checkbox"/>

Comments about my health or community:  
*(things I want to do about it or other questions I have)*

# AGING IN PLACE IN YOUR COMMUNITY

## SELF-ASSESSMENT CHECKLIST

ACCESSIBILITY	YES	NO
My home is accessible for me, or friends and family, who have disabilities or trouble getting around	<input type="checkbox"/>	<input type="checkbox"/>
My bedroom, bathroom, and kitchen are on the main floor of my home (with no stairs)	<input type="checkbox"/>	<input type="checkbox"/>
I already added things to my home to make it more convenient and safe <i>(lever door handles, higher toilet, grab bars in shower, wider doorway, no-step entrance/ramp)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Few parts of my home are dangerous <i>(loose rugs, poor lighting, slippery floors, stairs)</i>	<input type="checkbox"/>	<input type="checkbox"/>

DAILY LIVING	YES	NO
I shop or do other errands at least once a week	<input type="checkbox"/>	<input type="checkbox"/>
I spend time with friends, family, or other social groups at least once a week	<input type="checkbox"/>	<input type="checkbox"/>
I can and do basic house cleaning <i>(washing dishes, doing laundry, dusting)</i>	<input type="checkbox"/>	<input type="checkbox"/>
I pay bills and other expenses on time	<input type="checkbox"/>	<input type="checkbox"/>
I can cook and eat three meals every day	<input type="checkbox"/>	<input type="checkbox"/>
I can take a shower or bath and do other hygiene tasks every day	<input type="checkbox"/>	<input type="checkbox"/>

HOUSING	YES	NO
I can afford my home and am not worried about losing it	<input type="checkbox"/>	<input type="checkbox"/>
My home does not have any physical challenges <i>(too many stairs, bath on 2nd floor, laundry in basement, too big to clean)</i>	<input type="checkbox"/>	<input type="checkbox"/>
I am open to moving to a smaller or different type of home <i>(townhome, apartment, Assisted Living)</i>	<input type="checkbox"/>	<input type="checkbox"/>
I can walk to shopping, retail, and other services if driving is not an option	<input type="checkbox"/>	<input type="checkbox"/>

Comments about accessibility, housing, and daily living: *(things I want to do about it or other questions I have)*

# AGING IN PLACE IN YOUR COMMUNITY

## SELF-ASSESSMENT CHECKLIST

TRANSPORTATION	YES	NO
I can safely drive myself to places I need to go without restrictions	<input type="checkbox"/>	<input type="checkbox"/>
My family and friends don't worry about my driving	<input type="checkbox"/>	<input type="checkbox"/>
If I can't drive, I have other transportation to get to the store or doctor appointments	<input type="checkbox"/>	<input type="checkbox"/>
I have used the public transportation options in my community ( <i>the bus, light rail, ride share/Uber, Metro Mobility</i> )	<input type="checkbox"/>	<input type="checkbox"/>

Comments about transportation: (*things I want to do about it or other questions I have*)



### WHAT TO DO AFTER THE CHECKLIST:

After you finish the checklist, look to see if any sections have more Xs in the No column. Answering No to any statement above might mean there is something to look into further.

If you are concerned about an area, talk with friends, family members, your doctor, or other professionals. You can bring this checklist with you to help start the conversation.

### RESOURCES:

Visit [www.dakotacounty.us](http://www.dakotacounty.us) (search “aging in place”) to find a resource list of agencies in Dakota County and the metro area that can provide assistance on topics such as aging, health, daily living, housing, accessibility and transportation.

Dakota County Public Health Department  
 Communities for A Lifetime  
 1 Mendota Road West, Suite 410  
 West St. Paul, MN 55118-4771  
 651.554.6100  
[www.dakotacounty.us](http://www.dakotacounty.us) (search “CFL”)  
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