

Worksheet: What are the conservatee's needs?

From the start, you should think about what kinds of help the conservatee needs; to live the best life possible. By assessing the conservatee's capabilities, you will be able to figure out what services would be most helpful, and then you can look for people and organizations to provide them. **Your goal is to determine the appropriate living arrangements with the least restrictive environment.** Some community resources are provided at the end of this handout that may help you.

The following material will help you assess the conservatee's needs and prepare the General Plan of the Conservatorship.

Yes No **Can the conservatee care for himself or herself?**

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Can the conservatee eat without help? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can the conservatee safely get in and out of the bathtub or shower alone? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the conservatee have trouble bathing? How frequently does the conservatee bathe? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Does he or she need help with grooming – for example, shampooing or combing hair? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can the conservatee get dressed and undressed by himself or herself? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can the conservatee get on and off the toilet without help? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can the conservatee control his or her bladder and bowel functions? |

Yes No **How is the conservatee's physical and mental health?**

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Is the conservatee currently under a doctor's care? (including psychiatrist, dentist, eye doctor, podiatrist, audiologist, pacemaker, cataracts, pap smear, colonoscopy, breast exams ?) When was the last time the conservatee was examined by this doctor? _____ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Does he or she need help keeping track of which medications to take and when? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the conservatee have trouble sleeping? |

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Has the conservatee lost his or her appetite? |
| <u>Yes</u> | <u>No</u> | |
| <input type="checkbox"/> | <input type="checkbox"/> | Has he or she lost interest in pleasurable activities? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has the conservatee expressed a wish to die? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the conservatee have strong beliefs that aren't realistic – for example, that someone is trying to harm him or her? |

Yes **No** **How is the conservatee's memory?**

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Does the conservatee wander or get lost? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does he or she know the date and time of day? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the conservatee sometimes confused about where or who he or she is? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the conservatee sometimes fail to recognize people he or she knows well? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the conservatee forgetful – for example, does he or she leave the oven on? |

Yes **No** **Can the conservatee manage his or her household?**

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Is the conservatee able to fix his or her own meals? |
| <input type="checkbox"/> | <input type="checkbox"/> | If so, is the conservatee willing to do so? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can he or she do the laundry? |

Yes **No** **Can the conservatee manage his or her finances?**

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Can the conservatee balance a checkbook? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the conservatee make reasonable, sensible decisions that are in his or her best interests – for example, does the conservatee give away valuables to strangers or inappropriate people? |

Yes No Can the conservatee get around by himself or herself?

- When walking, is the conservatee steady on his or her feet?
- Can the conservatee shop for groceries and other items?
- If so, is transportation available?
- Has the conservatee fallen?
- Does he or she fall frequently?
- Does the conservatee need equipment to get around?
- ...a cane?
- ...a walker?
- ...a wheelchair?
- Can he or she get out of bed and into a chair without help?

Yes No Does the conservatee have contact with other people?

- Do friends, neighbors, or relatives visit the conservatee frequently?
- Has he or she expressed an interest in participating in group activities such as meals, games, and other events at a Senior Center, church or other Day center?

Yes No Is the conservatee in any danger?

- Does the conservatee's home have safety hazards such as broken steps, loose throw rugs, poor lighting, a staircase without rails, or bathrooms without safety/grab bars.
- If the conservatee drives, does he or she drive safely and able to find the keys?

Yes **No**

 Has the conservatee ever become violent or threatening to himself or herself, or to others? _____
If so, how often and under what circumstances? _____

 Does the conservatee have hallucinations?

 Is there evidence that anyone is threatening to steal from the conservatee or harm him or her in any way or unduly influence?

See the worksheet
Summary
on the next page

Worksheet: What are the conservatee's needs?

SUMMARY

| <u>Conservatee can do it alone</u> | <u>Conservatee needs help</u> | <u>Activity</u> |
|--|-----------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Move around |
| <input type="checkbox"/> | <input type="checkbox"/> | Bathe |
| <input type="checkbox"/> | <input type="checkbox"/> | Dress/groom |
| <input type="checkbox"/> | <input type="checkbox"/> | Use the toilet |
| <input type="checkbox"/> | <input type="checkbox"/> | Change disposable underpants, if unable to control bladder |
| <input type="checkbox"/> | <input type="checkbox"/> | Take medications |
| <input type="checkbox"/> | <input type="checkbox"/> | Prepare meals |
| <input type="checkbox"/> | <input type="checkbox"/> | Shop for groceries |
| <input type="checkbox"/> | <input type="checkbox"/> | Shop for clothes |
| <input type="checkbox"/> | <input type="checkbox"/> | Clean the house |
| <input type="checkbox"/> | <input type="checkbox"/> | Do laundry |
| <input type="checkbox"/> | <input type="checkbox"/> | Use the phone, remember to dial 911 |
| <input type="checkbox"/> | <input type="checkbox"/> | Use transportation services |
| <input type="checkbox"/> | <input type="checkbox"/> | Pay bills/manage money |

Conservatee's memory is:

- good
- fair
- bad

Is conservatee combative or does he or she act aggressively?

- No
- Occasionally, but no threat to safety
- Often
- May pose a threat to self or others

Conservatee's decision-making ability:

- is good
- threatens his or her own well-being

Is conservatee confused or disoriented?

- No
- Occasionally or mildly
- Always or severely