The Rockwood Senior Living in Webster Groves

Personal Assessment and Evaluation Worksheets

The purpose of these personal assessment and evaluation worksheets is to help you:

Assess- What do I value and what are my needs? Evaluate- What are my personal options?

Your responses will help guide you to appropriate senior housing and service options to meet your unique needs.

These worksheets are for your personal use; you do not need to share the results with anyone, unless you wish to do so.

What do I value and what are my needs? Worksheets provided include:

- 1. Quality of Life What Do I Value Most?
- 2. Financial Resources/ Personal Economics to Consider
- 3. Assessing Your Mobility Around Home
- 4. Family & Social Community Considerations
- 5. Personal Finance Record-Keeping
- 6. Health Care & Health Limitations
- 7. Personal Care Assessment
- 8. Lifestyle Evaluations

Responding to the statements as honestly as possible will help you identify those areas most important to you when facing change. As you complete assessments, keep in mind that there are no "right" or "wrong" answers.

1. Quality of Life – What Do I Value Most?

Your values will contribute to making a living situation feel like "home." You may have strong feelings about some values, and not care about others.

For each value, place an (x) in the column that best describes your feelings.

| What I would like to: | Not Important | Somewhat Important | Very Important |
|--|------------------|-----------------------|-------------------|
| a. Stay in my current home | | | |
| b. Be Independent; make my own decisions. | | | |
| c. Be near family or friends | | | |
| d. Live near my place of worship | | | |
| e. Live near my doctor or clinic. | | | |
| f. Have easy access to stores, restaurants, and theaters | | | |
| g. Be more involved in community activities | | | |
| h. Keep my pet (s). | | | |
| i. Keep my personal belongings | | | |
| j. Join an exercise program for seniors. | | | |
| k. Have plenty of space. | | | |
| l. Have privacy. | | | |
| m. Maintain control over my finances. | | | |
| n. Share living space with another person. | | | |
| o. Have a stronger support system (family, friends, or neighbors). | | | |

Look over the values that you checked as "Very Important." Use these to evaluate your decisions regarding which housing options and services will best meet your current and future needs.

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2. Financial Resources / Personal Economics to Consider

Take some time to complete the worksheet below. Along with your responses to the values assessment, your financial resources will partially drive your decision about future housing and other lifestyle changes.

| Household Income | (Monthly) | Household Expenses | (Monthly) |
|---------------------------|-----------|----------------------|-----------|
| Social Security | | Mortgage/ Rent | |
| Employment Income | | Utilities | |
| Retirement/pension | | Food | |
| Investment Income | | Transportation | |
| Alimony | | Clothing | |
| Other Income | | Medications | |
| Total Income | | Insurance Premium* | |
| Assets (Estimated | | Entertainment | |
| Market Value) | | | |
| House/condominium | | Credit Card payments | |
| Other property | | Loan payments | |
| Stocks, bonds, etc. | | Taxes | |
| Pension (IRA, 401k, etc.) | | Home Maintenance** | |
| Savings/ Money Market | | Other expenses | |
| CDs | | Other expenses | |
| Insurance (cash value) | | Other expenses | |
| Annuities | | Total Expenses | |
| Checking acct. balance | | | |
| Automobile (s) | | | |
| Prepaid burial | | | |
| Furnishings | | | |
| Collectibles | | | |
| Jewelry | | | |
| Other assets | | | |
| Total Assets | | | |

^{*} Includes health, car, homeowner, and long-term care premiums.

^{**} Includes major household repairs, such as exterior painting, roof repairs, and window repair/replacement.

| , | itniy disposable incon | ne by subtracting total expens | es |
|--------------------|------------------------|--------------------------------|----|
| from total income: | | | |
| | · = | = | |
| (Total Income) | (Total Expense) | (Disposable Income) | |

Your monthly disposable income represents the amount you can afford to pay for additional services in your home – such as cleaning, maintenance, or personal care – if you decide to stay in your current home. If your disposable income is relatively small, consider whether you would be willing to sell any of your assets to pay for your service choice. And, if you did tap into your assets, consider how long they could support the choice you have made. Remember, many of your additional services will be included with your rent while living in a Senior Community whether it be Independent or Assisted.

When can I afford to stop working? How long will my money last?

The interactive retirement calculator provided by the American Association of Retired Persons' (AARP) will help you answer these questions. If you wish to access this outside website copy and paste the following link:

www.aarp.org/work/retirement-planning/retirement_calculator.html

Needs Assessments – The following can help you sort through concerns often expressed by seniors. Responding to the statements as honestly as possible will help you identify those areas most important to you when facing change.

Directions: For each of the following statements, place an (x) in the column that best describes your feelings or situation. (If an item does not apply to you, leave the space blank.) Then add up the number of (x)'s in each column and record the total in the last row of the chart. Do the same for each of the next charts following this one.

3. Assessing Mobility Around Home

| On my own, I am able to: | Hardly Ever | Some times | Almost Always |
|---|----------------|---------------|------------------|
| a. Cook or prepare nutritious meals. | | | |
| b. Do the dishes. | | | |
| c. Clean the house or apartment. | | | |
| d. Do the laundry. | | | |
| e. Do yard work (mowing, raking, snow removal, etc.) | | | |
| f. Handle inside maintenance (painting, plumbing, etc.) | | | |
| g. Handle outside maintenance (window washing, etc.) | | | |
| h. Do grocery or other kinds of shopping | | | |
| i. Use the telephone | | | |
| Total number of (x)'s in each column | | | |

4. Family & Social Community Considerations

| On my own, I am able to: | Hardly Ever | Some times | Almost Always |
|--|----------------|---------------|------------------|
| a. Spend sufficient time with family or | | | |
| friends | | | |
| b. Ask my family or friends for help. | | | |
| c. Feel "connected" with my neighbors | | | |
| d. Keep myself busy. | | | |
| e. Contribute to my community. | | | |
| f. Attend social, cultural, or religious events. | | | |
| g. Get where I want to go (appointments, | | | |
| etc.) | | | |
| Total number of (x)'s in each column | | | |

5. Personal Finance Record-keeping

| On my own, I am able to: | Hardly Ever | Some times | Almost Always |
|---|----------------|------------|------------------|
| a. Balance my checkbook. | | | |
| b. Make deposits or withdrawals at the bank | | | |
| c. Pay my bills on time. | | | |
| d. Handle insurance claims. | | | |
| e. Live within my income. | | | |
| Total number of (x)'s in each column | | | |

6. Health Care & Health Limitations

| On my own, I am able to: | Hardly Ever | Some times | Almost Always |
|---|----------------|---------------|------------------|
| a. Manage my own health care (make and keep appointments, etc.) | | | |
| b. Take medications as prescribed. | | | |
| c. Get sufficient exercise. | | | |
| Total number of (x)'s in each column | | | |

7. Personal Care Assessment

| On my own, I am able to: | Hardly | Some | Almost |
|--------------------------------------|--------|-------|--------|
| | Ever | times | Always |
| a. Take a bath or shower. | | | |
| b. Get dressed. | | | |
| c. Brush my teeth | | | |
| d. Comb or style my hair. | | | |
| e. Use the toilet. | | | |
| f. Cut my food or eat meals. | | | |
| Total number of (x)'s in each column | | | |

The chart on the following page will help you to see what type of transition would make most sense for the type of living you are currently experiencing. If you would like to get a "second opinion", you may also want to ask a family member to complete the needs assessment for you.

8. Lifestyle Evaluation.

The following chart can help you prioritize and plan for your future needs. To complete this chart, transfer your total scores from each individual assessment numbered from 3-7 about to the appropriate column in the lifestyle chart below.

Then, for each lifestyle assessment, compare the numbers in each set of related columns. Here is an example of what your worksheet could look like...

| Lifestyle Evaluation | Hardly Ever | Some times | Almost Always |
|--|----------------|---------------|------------------|
| 3. Assessing Your Mobility Around Home | 5 | 3 | 1 |
| 4. Family & Social Community | 2 | 1 | 4 |
| 5. Personal Finance Record-keeping | 0 | 2 | 3 |
| 6. Health Care & Health Limitations | 0 | 1 | 2 |
| 7. Personal Care Assessment | 3 | 2 | 1 |
| Grand Total of (x)'s for each column | 10 | 9 | 11 |

If your "Hardly Ever" column has the majority of the total, you may want to seek an Assisted Living Community or an Independent Living Community with Home Health Services pre-established.

If the "Sometimes" column has the majority of the total, you should be okay in an Independent Living Community, but should start considering your Home Health Services options or enlist family to help your daily needs more often.

If your "Almost Always" column has the majority of the total, you would be considered suitable for Independent Living in your own home or an Independent Community.

After you have investigated your Aging In Place options and Transitioning from Home options, you may want to start researching the costs of making those particular lifestyle changes.