

Is Something Changing?

An Aging Parent Check-In

Small changes can be easy to miss when they happen gradually. This check-in gives you one place to record what you are seeing, compare it with what was typical before, and decide whether a conversation or closer follow-up may be useful.

This is an observation tool, not a diagnosis. Focus on specific examples: what changed, when you noticed it, whether it is happening again, and whether it is beginning to affect everyday life.

Parent / older adult: _____ **Date:** _____

WHAT AM I NOTICING?

- ☐ Walking, balance, strength, stairs, or falls
- ☐ Eating, appetite, weight, or food left uneaten
- ☐ Personal care, clothing, grooming, or hygiene
- ☐ Memory, confusion, judgment, or decision-making
- ☐ Mood, personality, anxiety, irritability, or withdrawal
- ☐ Medication routines, refills, or missed doses
- ☐ Driving, transportation, or getting safely from place to place
- ☐ Household upkeep, laundry, clutter, or home safety
- ☐ Bills, mail, banking, appointments, or routine paperwork
- ☐ Shopping, cooking, or keeping enough food in the home
- ☐ Sleep, unusual fatigue, or a noticeable change in daily routine

Something else I have noticed:

WHAT PROMPTED ME TO DO THIS CHECK-IN?

Write down the moment, comment, incident, or gradual change that made you stop and pay closer attention.

Start With What Is Different

Look for changes from this person's usual pattern.

A single incident may not tell you very much. What matters more is whether something is new for this person, whether it repeats, and whether it is beginning to make ordinary tasks harder or less safe.

THE CHANGE THAT STANDS OUT MOST

What did I notice?

When did I first notice it, and what was happening at the time?

Has it happened again? ☐ No ☐ Yes ☐ Not sure

Does it seem to be becoming more frequent or noticeable? ☐ No ☐ Yes ☐ Not sure

Is it interfering with something normally handled independently? ☐ No ☐ Yes ☐ Not sure

A specific example I want to remember:

DON'T RELY ONLY ON MEMORY

When changes happen slowly, it is easy to adjust to them without realizing how much has changed. A dated note about a specific incident can be much more useful later than a general feeling that something seems different.

Look for a Pattern

One concern may connect with changes in several parts of daily life.

Sometimes the first visible problem is not the whole story. A missed appointment may occur alongside unopened mail. Less cooking may appear with weight loss or spoiled food. Write down related changes rather than treating each one as an isolated event.

A SECOND CHANGE OR RELATED CONCERN

What am I seeing?

How often has this happened?

What effect is it having on everyday life?

WHAT MAY BE CONNECTED?

- ☐ A change in physical ability or endurance
- ☐ A change in memory, attention, or organization
- ☐ A change in mood, motivation, or social activity
- ☐ A recent illness, hospitalization, fall, or medication change
- ☐ A change in who is helping or how much help is available
- ☐ A change in the home, transportation, finances, or routine

Other details or connections I do not want to forget:

What Has Actually Changed?

Compare what was typical before with what you are seeing now.

AREA	BEFORE	NOW	WHAT CONCERNS ME
Walking / mobility			
Personal care			
Meals / nutrition			
Memory / thinking			
Mood / social life			
Household tasks			
Medications			
Driving / transportation			

WHAT SEEMS MOST DIFFERENT FROM SIX MONTHS AGO?

WHAT IS STILL GOING WELL?

NOTICE BOTH CHANGE AND STABILITY

Recording what is still being managed well helps create a more accurate picture. The goal is not to build a list of problems; it is to understand where independence remains strong and where additional attention may be needed.

Deciding What to Do Next

You do not have to solve everything at once. Use this page to identify the most important observations and prepare for a calm, specific conversation with your parent, another family member, or an appropriate professional.

THE THREE CHANGES I AM MOST CONCERNED ABOUT

1.

2.

3.

QUESTIONS I WANT TO ASK MY PARENT

THINGS I MAY WANT TO DISCUSS WITH A DOCTOR OR OTHER PROFESSIONAL

IS THERE A SAFETY CONCERN THAT SHOULD NOT WAIT?

Date completed: _____ Review again on: _____

KEEP THIS CHECK-IN

Changes are easier to recognize when you have something to compare them with. Keep this completed check-in and repeat it later if concerns continue. Comparing observations from different points in time can reveal a pattern that was difficult to see day to day.