



Participant Guide

Caring for Aging Adults

Overview

Being a caregiver of an aging adult can be a fulfilling and rewarding experience for both the aging adult and the caregiver. However, without understanding the particular needs of the aging adult or developing a plan of action, it can be a time consuming and stressful process. In order to be of the greatest assistance to the aging adult, caregivers will want to be informed of the resources available as well as develop a plan of caring for oneself first, in order to more effectively help others. This workshop will address the aging adults needs, the caregiver's needs, and the caregiver's action plan and will examine ways to care for the caregiver.

Agenda

- Welcome/Intro/Objectives
- When is a person old?
How will I recognize that it's time to be more involved and overcome denial that parents are aging?
- How will I Proceed?
- Finding Resources
- Dealing with Stress
- Family Dynamics
- Developing a Plan
- How Will I Take Care of Myself?

Seminar Length: Approximately 1 hour



Caregiving

Ten years ago, one out of twenty-five people was 65 or older. Today, one out of nine people are in this group. During the same time span, life expectancy has increased from 47 years to 75 years. Men who reach 65 can expect to live another 14 years. Women can expect 18 more years of life. The most dramatic population increase is in persons over 85. The size of this group is expected to increase by 200 percent in the next 20 years. Age brings increasing health concerns and the need for support from family and community services.

The good news is that people are becoming aware of the impact that lifestyle choices play in their health status throughout life. The not so good news is that, with the increasing number of people in the old, old group over 85, there is an increasing need for caregiver involvement. Aging is a gradual process and age-related problems tend to appear slowly.

We will address the following and other caregiver concerns during this workshop:

How will I recognize that it is time to become involved in the care of my parents?

When problems arise, parents often minimize the urgency of the situation. Adult children are sometimes too willing to accept their parents' assessment because they are not ready to acknowledge that the situation has changed.

How can I overcome the danger of denial and respond appropriately to the needs?

Caregiving is an emotional business and 50% of all caregivers can be diagnosed as clinically depressed.

How can I use commonly available resources to relieve the stress?

There are so many different kinds of services needed to care for a relative.

How can I build a network that will support the legal, financial, medical, and social service needs of my relative? How will I keep in touch with their neighbors, their church and who will administer medications?

I have somehow become the designated caregiver.

How can I involve other family members without making excessive demands or using guilt as a tool?

There are going to be changes in the caregiving situation, which sometimes result in a crisis.

How can I best prepare for the unexpected events?

There are few guidelines for dealing with the transitions that occur when a parent or relative is confronted by age related changes. Most of us lack the experience and specialized knowledge required to make the necessary decisions. Contributing to the difficulty is the fact that every caregiving situation is unique.

There is no single "correct" caregiving plan.

By sharing information, looking at what works - and what doesn't work – we can develop a support plan that maintains independence, dignity and health for both the older person and the caregiver.



Caregiving: An Emotional Passage

Caregiving can evoke powerful and sometimes conflicting emotions. If the person being cared for is a parent, the caregiver has a history that may be made up of memories of growing up in a supportive environment resulting in pleasant memories of childhood. If the experience of growing up brings memories of not feeling loved, cared for or supported, caring for a parent can be emotionally stressful.

When emotions of love, compassion, respect and tenderness are present and are not complicated by the simultaneous existence of powerful conflicting feelings, they serve as a vital source of support and strength for both parent and adult child. At times one of these emotions may exist without the others. A daughter may respect her parents without loving them very much. She may feel pain and remorse but be unable to change those feelings. However, she can still be responsible for their welfare. A good helping relationship can be developed even when a close emotional bond does not exist.

Anxiety and fear are two other powerful emotions that can be triggered in adult children. Even when parents become frail and unable to care for themselves, they may still cause fear in their children. The caregiver may be anxious about doing something to make mom or dad angry. Parents can sometimes foster these responses from the sickbed or the wheelchair. Adults who are successful in their businesses and personal lives may feel inadequate in the presence of a parent.

Other negative feelings that caregivers may experience include anger, usually of short duration, and hostility, which is what happens when anger becomes chronic. Shame is another emotion often triggered by the sense that you can never do enough for your parents.

It is common to experience a wide range of emotion about the same person. We can love them when they please us, hate them when they disappoint us, resent them when they hurt us. Some people have expressed that they have an emotional void regarding parents, usually an attitude developed as a protection if the relationship has been hurtful.

Emotional consistency is not a requirement to be a good caregiver. There can always be time out even in the warmest relationships for moments of irritation and frustration.

It may take time for a caregiver to develop a balance of emotions that will allow him to be a responsible and conscientious caregiver.



A Caregiver's Bill of Rights

I have the right . . .

- To take care of myself. This is not an act of selfishness. It will give me the capacity to take better care of my relative.
- To seek help from others even though my relative may object. I recognize the limits of my own endurance and strength.
- To maintain facets of my own life that does not include the person I care for, just as I would if he or she was healthy. I know that I do everything that I reasonably can for this person and I have the right to do some things just for myself.
- To get angry, be depressed, and express other difficult feelings occasionally.
- To reject any attempt by my relative (either conscious or unconscious) to manipulate me through guilt, anger or depression.
- To receive consideration, affection, forgiveness, and acceptance for what I do from my loved one for as long as I offer these qualities in return.
- To take pride in what I am accomplishing and to applaud the courage it has sometimes taken to meet the needs of my relative.
- To protect my individuality and my right to make a life for myself that will sustain me in the time when my relative no longer needs my full-time help.
- To expect and demand that as new strides are made in finding resources to aid physically and mentally impaired older persons in our country, similar strides will be made toward aiding and supporting caregivers.



An Educated Patient is a Healthier Patient

The following guidelines can save you from medical mistakes

- Be an active member of your health care team. Patients who are more involved with their own tend to get better results.
- Make sure all your doctors know about everything you are taking. This includes prescription and over-the-counter medicines, and dietary supplements, such as vitamins and herbs.
- Make sure your doctor knows about any allergies and adverse reaction you have had to medicines.
- When your doctor writes you a prescription, make sure you can read it.
- Ask for information about your medicines in terms you can understand: What is the medication for? How am I supposed to take it, and for how long? What are the side effects? What do I do if they occur?
- When you pick up your medicine from the pharmacy, ask: “Is this the medicine my doctor prescribed?” Make sure.
- If you have any questions about the directions on your medicine labels, ASK. Does “four doses daily” mean a dose every six hours around the clock, or just during regular waking hours?
- Ask your pharmacist for the best device to measure your liquid medicine.
- Ask for written information about the side effects of your medicine.
- If you are in a hospital, consider asking all the healthcare workers who have direct contact with you whether they have washed their hands.
- If you have a choice, choose a hospital at which many patients have the procedure or surgery you need.
- When you are being discharged, from the hospital, ask your doctor to explain the treatment plan you will use at home.
- If you are having surgery, make sure you, your doctor and your surgeon all agree, and are clear on exactly what will be done.
- Speak up if you have questions or concerns.



- Make sure that someone, such as your personal doctor, is in charge of your care if you have multiple health problems or if you are in the hospital.
- Make sure all health professionals involved in your care have the necessary health information. Don't assume they know everything about you.
- Ask a family member or friend to be your advocate and help get things done, and speak for you if you cannot.
- Be aware that more is not always better. You may be better off without certain treatments or tests. Find out.
- If you have a test, don't assume that no news is good news. ASK.
- Learn about your condition and treatment by asking your doctor and nurse and other reliable sources. An informed patient is a healthier patient.



Feelings Often Expressed by Caregivers/Care Receivers

CAREGIVER

Anger

- For being trapped
- That others in the family do not carry their share
- At the impaired person's demands and behaviors
- At the health care system and health professionals

Depression

- Because of an emotionally and physically draining experience
- Because of feeling overwhelmed
- Embarrassment
- At the impaired person's behavior
- At the thoughtlessness of others

Fear

- That they may be next in line. Particularly with inherited conditions
- Of not being able to handle the situation
- Of what other people are saying about how the situation is being handled

Grief

- For the way the care receiver used to be
- For the way things used to be
- For the lost relationship-emptiness

Guilt

- For wanting "out" of the caregiver role
- For wishing the care receiver would die
- For not having done enough-and not being able to do more even when you do all you can

Helplessness

- The situation is too great and there is no way to control it
- Shame
- Of the parent or spouse for their failings for what they were or were not
- Of self for being ashamed
- Worry
- That they may later feel they did not give enough



CARE RECEIVER

Anger or Frustration

- For being treated like a child
- For being confined or limited
- Of what is happening
- Of what the future may hold
- Loss of familiar roles
- Power & influence are gone
- Mental stability failing
- Loss of independence

Helplessness

Isolation

Confusion

Depression

- Having a chronic illness
- Deaths in peer group

Embarrassment

- Because of need for personal care
- Because of disabilities

Guilt

- For spoiling the caregiver's life

Shame

- For behaviors which he or she cannot control
- For being a burden



Danger Signals that Say . . .

WARNING: Caregiver Needs Help!

- When is it okay to cry “Uncle”? To say, “I can’t give any more unless I get some help”?
- Many caregivers would rather trudge on under unbearable conditions than admit to such a “failure.” What happens, though, is their own health suffers more and more, and eventually they themselves need care. Others simply don’t realize they’re taking on too much until it’s too late.
- If you notice any of the following danger signals, you are probably approaching role overload and should seek assistance from local support group or self-help agency.
- Your relative’s condition is worsening despite your best efforts.
- No matter what you do, it isn’t enough.
- You feel you’re the only person in the world enduring this.
- You no longer have any time or place to be alone or even a brief respite.
- Things you used to do occasionally to help out are now part of your daily routine.
- Family relationships are breaking down because of the Caregiving pressures.
- Your Caregiving duties are interfering with your work and social life to an acceptable degree.
- You’re going on in a no-win situation just to avoid admitting failure.
- You realize you’re all alone-and doing it all-because you’ve shut out everyone who’s offered to help.
- Your coping methods have become destructive: You’re overeating/under eating, abusing drugs/alcohol, or taking it out on your relative.
- There are no more happy times, loving and caring have given way to exhaustion and resentment, and you no longer feel good about yourself or take pride in what you’re doing.



How to Help when Help Isn't Wanted

It can be the most difficult situation a family can face

Over the past four years, two sisters, Ellen, 57 and Susan, 53, have had little luck persuading their parents, both in their 80s to get help with their housekeeping. On one of Ellen's visits to her parents' home from her own in another state, Ellen says she noticed "dirt on the floor, in the corners of the kitchen, everywhere." This shocked her because their house was usually immaculate. "So, I made a casual suggestion that they hire a cleaning service, and they threw up a wall of objections – everything from "We know they won't be reliable" to "We don't want strangers in our home."

The sisters' experience is not unusual. And, of course, there are two sides to every story. Many older people would agree with Ruth Riddelol, an 80-something Chicago resident. "As long as I am still equipped to make choices," she says, "I'm going to do exactly what I want."

There can be many reasons behind an older parent's command to stay out of his or her affairs. The parent may, for example, simply not want to be a burden. Or the reasons could be more complex. "Older people sometimes sense when something is physically or mentally wrong with them. This often triggers a negative response, and they jump on people who point it out," says Grace Lebow, a licensed clinical social worker and co-author of *Coping with Your Difficult Older Parent*. They can be uncooperative and short-tempered because they're in pain or have some adverse side effects from medication. Or their frayed tempers can result from a fear of running out of money.

COMMON GROUND

For the adult child who wants to help, the situation can seem all but impossible. Offering unsolicited advice and doing things for parents that they have not asked for may even be perceived as manipulative, no matter how genuine the child's concern. To avoid drawing battle lines if you find yourself in this situation, you may have to reconsider your usual communication style. Here are tips for breaking down the resistance.

- **Search for reasons behind the inflexibility.** Subtle probing is often required because sometimes a person doesn't know why she's balking or doesn't want to admit the real reason. An appropriate question might be, "I'm confused, Mom. Will you please help me understand why you won't accept my help?"
- **Turn the tables and ask for help.** If Dad is letting the yard work slide, for example, you can say, "Dad, I need a favor. Will you let Bobby rake the leaves, so he'll learn responsibility?" This focuses the problem from the older person's deteriorating condition to a situation he can help with.



- **Be respectful.** Sometimes we get so bogged down in troubleshooting that we forget that we're family. "I find that talking to my aunt and uncle as people and not thinking of them as projects works well when I'm trying to urge them to accept help," says Jill Morris, 53, of Santa Barbara, California.
- **Offer Options.** Choices put most people in a more agreeable mood. When it's time to offer help, ask questions like, "Dad, is it better if Mary cleans the house for you on Tuesday or Saturday?"
- **Put it in writing.** "In a letter, ask your parent to please take your concerns seriously," Lebow suggests. Spoken words can be easily tuned out or forgotten. Writing has permanency and potency.
- **Tap into special occasions.** Housecleaning services, for example, make a wonderful holiday or birthday gift. It's hard for anyone to say no to a gift that's offered enthusiastically and lovingly.

ENDING CONFLICT

When well-intentioned conversations turn into full-blown arguments, you may need to try another approach. "It's best to say as little as possible in the heat of the battle," warns Mark A. Edinberg, a Fairfield, Connecticut, geriatric psychologist. It may be that all your parent really wants to do is vent. "And try not to take what they are saying personally, because it's probably fear that is driving their arguments, not you," he continues.

Keep in mind, too, that complicated family issues are rarely settled at one sitting. Sometimes you can retreat respectfully (without giving up) by saying something like, "I'm committed to working this out with you, Dad. Let's talk about it again later."

Whatever approach you decide on, think of your parents' objections as a reminder that they still have plenty of life in them. "If something is truly the parent's decision, that person alone has to make it. However, you have the right to be very assertive if you feel that help is a necessity," Edinberg says. And have faith, he adds. "Most older people do not hold their ground if it means harming themselves or someone else." That's how Ellen and Susan's parents responded. "After they saw the work my brother-in-law did-re-carpeting their screened-in porch and cleaning their house, they realized how much work really needed to be done," Ellen says. "So, when he suggested they get a cleaning service, they agreed." They didn't want to impose on their children, and they realized they couldn't handle it alone anymore.



How to Set Limits

When Caregiving becomes overwhelming and you realize that you can't do it all, it's time to set limits. These assertive communication techniques will help you take control of your use of time and your life.

- Be honest. Don't say *yes* when you want to say *no*
- Use non-verbal language: good eye contact and firm, non-threatening body language.
- Don't be defensive. It can lead to confrontation.
- Be brief. The longer you talk, the closer you are to giving in and accepting unwanted responsibility.
- Give an explanation, not an excuse. An explanation is a simple statement of fact. Excuses open us up for challenge.
- Use statements that will give you confidence. For example, say, "Yes, I can do that as long as..." or "No, that won't work."
- Use the rule, "2=1=1."

For example, your mother might ask you to take her for a haircut. You may want to help her out; however, you've made a commitment to your friend whom you haven't seen in a long time, and you really don't want to disappoint your friend or yourself. Here's how the rule, "2=1=1" works:

- **Positive statement:** *Mom, I really want to take you for a haircut.*
- **Positive statement:** *I enjoy being with you.*
- **Negative statement:** *But Saturday at 11:30 won't work for me.*
- **Positive statement:** *If you can change your appointment to 3:00 or for the following Saturday, I can go with you.*



Understanding Older People's Feelings of Stress

American philosopher Eric Hoffer once said: "You simply can never imagine what being old is until you are old. I always thought I had a good imagination. For instance, I've never traveled anywhere, but I can close my eyes and see France, oh so vividly. But old age, well, it came as a surprise. Suddenly the world is not quite your world anymore. You go outside and are like a foreigner Arrived in a new country."

In fact, it's a lot easier for elderly parents to understand the stress their adult children feel than for the children to understand their parent's stress—simply because parents have lived through the life stage their children are now in.

But many young and middle-aged people seem to think that only they have reason to feel stress. As they see it, stress is the result of a fast-paced life—with too many demands and too little time. With this reasoning, it follows that older people who are no longer faced with the demands of a job or raising a family should be free from these sources of stress. Indeed, many families feel that older relatives who find their lives stressful are simply chronic complainers or attention seekers.

How can younger people understand the difficulties—and the stress—of old age without having traveled there themselves? There are two ways. First, we can listen to what the older people are trying to tell us. Second, we can look at the growing body of research into the concerns of the elderly.

For example, researchers who have compared sources of stress for older people and sources for middle-aged or younger adults have found that the elderly face some different age-specific stresses. These include: failing vision or hearing, illness of family or friends, infirmity, limited energy, illness or hospitalization, fears of dependency, death of a spouse or friends or relatives, loneliness, concerns about the meaning of life, loss of income, worry about the costs of a major illness or disability, or decrease in sense of personal control.

Family members who are aware of their older relatives' feelings of stress are in the best position to help them cope. Researchers offer a number of specific suggestions:

- Accept and try to understand your older relative's feelings.
- Avoid telling older relatives not to worry. Ignoring and denying problems are not effective coping techniques. Assist them in fully exploring their concerns and considering various ways of dealing with them.
- Encourage them to plan ahead for potentially stressful situations that may arise, so they will have a course of action prepared.
- Urge them to explore stress management techniques such as relaxation training through local classes or workshops.
- Remind them of the importance of good nutrition, moderate physical exercise, community involvement, and activity in maintaining a positive outlook.



Profiles of a Depressed Individual

The following are some of the symptoms and personality traits commonly seen in people who are depressed, a depressed person may not show all or even most of these traits, but a cluster of a significant number of these traits could be an indicator of depression serious enough to warrant professional treatment:

- Worry and pessimism
- Low energy; weariness
- Sense of futility; feeling of uselessness
- Moodiness; (sad affect); unhappiness; sadness
- Feeling of worthlessness
- Feeling of hopelessness
- Thinking permeated by guilt
- Dwelling on the past
- Despondency and gloom
- Agitation and irritability
- Perplexity and confusion
- Feelings of inadequacy; low confidence; low self-image
- Feelings that all endeavors are meaningless and without value
- Inability to concentrate
- Decrease in body movement (psychomotor retardation)
- Decrease in thought processes
- Sullenness; bitterness; anger; resentment
- Anxiety
- Hypochondriacs
- Sense of dread, and particularly dread of death
- Melancholia
- Feelings of unreality or feelings that one is leaving the body (depersonalization)
- Feelings that one is unloved and mistreated
- Remorse
- Difficulty remembering joys of the past
- Lack of motivation, initiative, or spontaneity
- Halting and uncertain speech
- Neck ache
- Back ache
- Dryness of mouth
- Limp handshake
- Craving for love from others
- Expectations of rejection
- Feelings of isolation
- Clinging behavior
- Defenses of denial, displacement, introjections, projection and summarization
- Desire to conceal aggression
- Feelings of being a “super person” that occur prior to the fall into depression as a manic defense against becoming aware of one’s low self-worth
- Possibility of paranoia; becoming convinced others are angry at them, even though they aren’t projecting anger onto them, like a slide projector projecting a slide onto a screen



- Masochism-seeking painful experiences and the security of familiar masochistic patterns
- Behavior that causes one to become the object of the anger of other family members
- Attention turned completely inward
- Paralysis of the will
- Belief that morning is the worst part of day
- Decrease in appetite or increase in appetite (usually decrease)
- Loss of weight or increase in weight (usually loss)
- Coldness of extremities
- Insomnia (inability to sleep)
- Difficulty staying asleep
- Increase in sleep (occasionally)
- Decrease in sex drive
- Dysmenorrhea (menstrual irregularities)
- Amenorrhea (the menstrual cycle stops temporarily)
- Hot flashes
- Suicidal thinking
- Painful thinking
- False guilt or authentic guilt
- Dejected or discouraged appearance
- Frequent crying
- Unkempt or slovenly appearance
- Withdrawal
- Loss of sense of humor
- Living in the past; the future seems bleak
- Belief that life is not worth living
- Introspection and introversion
- Physical symptoms: tension headaches, rapid heartbeat, infections, gastrointestinal disturbance



Assessing Your Potential for Depression

Place a check before each statement you agree with:

- I feel blue and sad.
- I feel like crying more often now than a few years ago.
- I have lost interest in the things I used to enjoy.
- I feel helpless a good part of the time.
- I feel hopeless about the future.
- I feel that I'm not useful or needed.
- I am losing my appetite.
- I notice I'm losing weight without trying.
- I have trouble staying asleep through the night.
- I am restless and jumpy a lot.
- My mind isn't as clear as it used to be.
- I have less energy than usual; I tire easily or for no reason.
- I have lost a lot of my motivation.
- I have been irritable lately.
- Morning is the worst part of the day.
- I find myself introspecting a lot.
- I don't like the way I am, or I don't like who I am.
- I think about the past a lot.
- I have more physical problems (headaches, upset stomach, constipation, rapid heartbeat, etc.) than I did a year ago.
- People have noticed that I don't do my job as well as I used to.
- I have recently been thinking that life is not worth living.
- I think other people would be better off if I were dead.



Home Safety Assessment

The following safety factors are found throughout the house and adjacent outdoor areas:

Floor/Ground Covering

- Is carpeting tightly secured at baseboards, on stairs and at thresholds?
- Is carpeting low, dense and tightly woven, i.e. Berber, commercial (no shag)?
- Throw rugs are not recommended, but if they are used, do they have non-skid backing?
- Are linoleum, tile and hardwood floors free of wax and polish?
- Are outdoor stairs, walkways, decks and patios covered with non-skid surfaces?
- Are they clean, dry and in good repair?
- Are there handrails on all stairs, both indoors and outdoors?

Electrical

- Are electrical or extension cords frayed, located near water or do they have exposed wires?
- Are extension cords run along walls (not through walkways) and taped down?
- Are outlets overloaded with multiple plug-ins?

Lights

- Are light switches easily accessible when entering the house or any room?
- Is there enough lighting in the hallways and stairs to allow you to see well?
- Are there night-lights along stairs and in hallways?
- Are light switches self-illuminated?
- Are there light switches at the top and bottom of the stairs?
- Can lamps be activated by touch or clapping?
- Do reading and bedside lamps have highest recommended bulb wattage?
- Are motion sensor lights installed in the front entryway and backyard?

Telephones

- Are all phones touch-tone? Do all phones have large numbers?
- Are there phones throughout the house, especially in the kitchen, bedroom (near bed) and in the living room (near the favorite chair)?
- Is there a short, easy to read, list of emergency numbers at each phone?



Home Safety Equipment

- Are there smoke detectors properly placed in the home?
- Are they in good working order and maintained regularly?
- Are there CO2 detectors installed in the home?
- Is there a working fire extinguisher?

Miscellaneous

- Can locks and door handles be easily used?
- Do doors and windows have secure locks?
- Are furniture and other objects arranged so they are not an obstacle to the normal traffic pattern?
- Are laundry facilities and appliances easily accessible?
- If the home has a basement, can it be closed off?
- Have flammable substances and materials been removed from house and yard?
- Have portable heaters been removed from the premises?
- Is there a plan in place to cover medical emergencies, fire, or an intruder?
- If the home has pets, is their food easily accessed? Can they be cared for adequately?
- When driving, are seatbelts used?

Bedroom Safety Assessment

- Are bed linens well fitted? Do bed covers hang well above the floor?
- Have electric blankets been replaced with warm comforters?
- Is there a working flashlight within reach of bed?
- Is there a container for eyeglasses within reach of bed?
- Is there a chair or bench near the bed on which to put clothes when undressing?
- Have all obstacles been removed between bed and bathroom?
- Is the path from bed to bath well lighted?
- Have all heavy objects been removed from high shelves in closet?
- Is there an emergency bedroom exit plan in place?
- Is there a pair of well-fitted, firm-soled house shoes at bedside?
- Is there a phone at bedside?

Kitchen Safety Assessment

- Are appliance controls easy to operate?
- Do appliances have automatic shut-offs?
- Are indicator lights working?
- Does one have to reach over the burners to reach control panel?



- Are aprons, hot pads, and trivets stored away from the stove burners?
- Have overhead obstacles, i.e. hanging utensils and pots, plants and lights been removed?
- Are cabinet doors kept closed to prevent bumping one's head?
- Is a lower work surface available to allow sitting while preparing food?
- Are frequently used utensils and ingredients stored on counter or lower shelves?
- Is wearing loose clothing avoided while cooking?
- Do you need to stand on something to get things from high shelves, cabinets or closets?

Bathroom Safety Assessment

- Does one have to climb stairs to access a full bathroom?
- Does the tub or shower floor have non-skid strips?
- Are water heater thermostats or faucets set so water does not scald the skin?
- Are grab bars installed at the toilet and in the bath and shower?
- Are sink and toilet easy to use and securely attached to the wall?
- Is there a raised seat on the toilet?
- Are bath and toilet accessories easy to access?
- Are the bathroom sink and towel racks ever used for support or to pull up on?
- When bathing, is water level kept below 4 inches?

Medication Safety Assessment

- Are prescription medicines clearly labeled and in original containers?
- Are all out-of-date medicines disposed of routinely?
- Is there a list of current medications and dosages posted in a highly visible place?
- Are non-child resistant closures requested at the pharmacy?

Exterior Safety Assessment

- Are all garden equipment, hoses, tools, and extension cords, stored properly?
- Are all toxic materials, i.e., fertilizers, pool chemicals, stored securely?
- Is there seating at the front door and at various locations in the yard?
- Are fences and gates in good condition?
- Are locks easy to use and in working order?
- Is the pool fenced and locked? Is there a safety plan in place?
- Are paved areas maintained with no cracked, broken or raised areas?



Seminar Evaluation Form: CONCERN: Employee Assistance Program

Please fill out and return to presenter or HR Representative. Your feedback is very important to us. Thank you!

Seminar Title: Caring for Aging Adults Date: _____

Presenter: _____ Company: _____

Regarding the Seminar	Excellent	Very Good	Good	Fair	Poor
1. How well were the seminar objectives met?					
2. Usefulness of seminar information?					
3. Length of seminar?					
4. Effectiveness of exercises?					
5. How would you rate this seminar overall?					

Regarding the Presenter	Excellent	Very Good	Good	Fair	Poor
1. Presentation skills?					
2. Ability to answer questions?					
3. Knowledge of subject?					
4. Use of time?					
5. Overall assessment of presenter?					

Additional Comments

1. What would you recommend to make this seminar more effective?

2. What part of the seminar did you find most helpful?

3. Additional comments/suggestions for speaker's improvement?

Thank You for Your Feedback!

