

Overview of the Components of the AWV

Service/Assessment	Initial AWV	Annual AWV	Description	Tools to utilize
Health Risk Assessment (HRA)	X	X (update)	Self-reported information on the following topics: <ul style="list-style-type: none"> • Self-assessment of health status • Psychosocial and behavioral risks • ADLs and Instrumental ADLs • Health behaviors: smoking, alcohol, diet, exercise, sleep 	Section 2: Sample HRA (35 questions)
Medical/Family History	X	X (update)	<ul style="list-style-type: none"> • PMHSx, hospitalizations, injuries, meds (including supplements and OTCs), allergies, • Family Hx (hereditary illnesses) 	None
Screen for depression and mood disorders	X	If at risk	Use appropriate screening tool designed for this purpose	Section 3: PHQ-2/9, GDS-5 or WEMWBS
Review functional ability and level of safety	X	X	Through direct observation or appropriate screening assess for: <ul style="list-style-type: none"> • Hearing impairment • Ability to perform ADLs • Fall risk • Home safety • Vision (ask about any issues and last vision check) 	Section 2: <ul style="list-style-type: none"> • Stay Independent (self-report fall risk questionnaire – 12 questions) • Home Safety Checklist Section 3: Timed Up and Go test (measure of functional mobility)
Measurements	X	X	Height, weight, BMI or waist circumference, BP, others as indicated	Section 3: BMI table
List of medical providers and suppliers	X	X (update)	Persons/entities involved in medical care of patient	None
Assess for cognitive impairment	X	X	Assess through direct observation, patient reports, and concerns raised by family members, caretakers and others	Section 3: Mini-Cog™
Screening schedule	X	X (update)	Schedule of preventive services needed for patient, based on age, screening history, USPSTF/ACIP recommendations and coverage by Medicare; develop personalized screening plan	Section 4: Table of Preventive Services (with indication and frequency), male and female preventive plans
List of conditions/risk factors for which 1°, 2° or 3° interventions recommended	X	X (update)	List of conditions and treatment options with associated risks/benefits	None
Personalized health advice and referrals as appropriate	X	X	Recommendations for improved health and referrals, if indicated, for lifestyle interventions, weight loss, physical activity, tobacco cessation, fall prevention, nutrition, mental health services, others	Section 4: Preventive Wellness Plans Section 5: Resources/referrals Section 6: Educational materials

Dear Provider,

The Orange County Healthy Aging Initiative (OCHAI), a committee of the Orange County Aging Services Collaborative (OCASC), developed this Annual Wellness Visit (AWV) Toolkit to assist you in conducting the AWV with your Medicare patients. This third version is streamlined with more links to updated information. Below is a brief overview of the toolkit contents; **please see each section heading in the toolkit for more information about the contents** at <http://www.ocagingservicescollaborative.org/annual-wellness-visit-toolkit>. An overall approach to the AWV is presented on a **Process Map** in Tab 1 and an **instructional video** on the website. These instructional aides are just suggestions; you can modify the flow of the AWV based on your practice setting.

Section 1: Introductory materials with general information about the AWV.

Section 2: Pre-Visit Materials that you may mail to the patient to help them prepare for the visit.

- Health Risk Assessment (HRA)
- Home safety checklist and fall risk assessment

Section 3: During Visit Assessments, such as screens for:

- Depression and anxiety
- Fall risk
- Cognitive impairment
- Alcohol and substance abuse

Section 4: Preventive Services and Plans

- Links to information on Medicare-covered clinical preventive services, counseling and vaccinations
- Templates for personalized plans for preventive care for both men and women

Section 5: Resources and Referrals in Orange County for issues or problems identified in the HRA or during the visit.

Section 6: Patient Educational Materials that provide suggestions for healthy habits and behaviors patient's health, such as physical activity or diet, medication management, fall prevention, etc.

Section 7: Elder Abuse prevention, recognition, and reporting, including the report form that needs to be submitted if abuse is suspected.

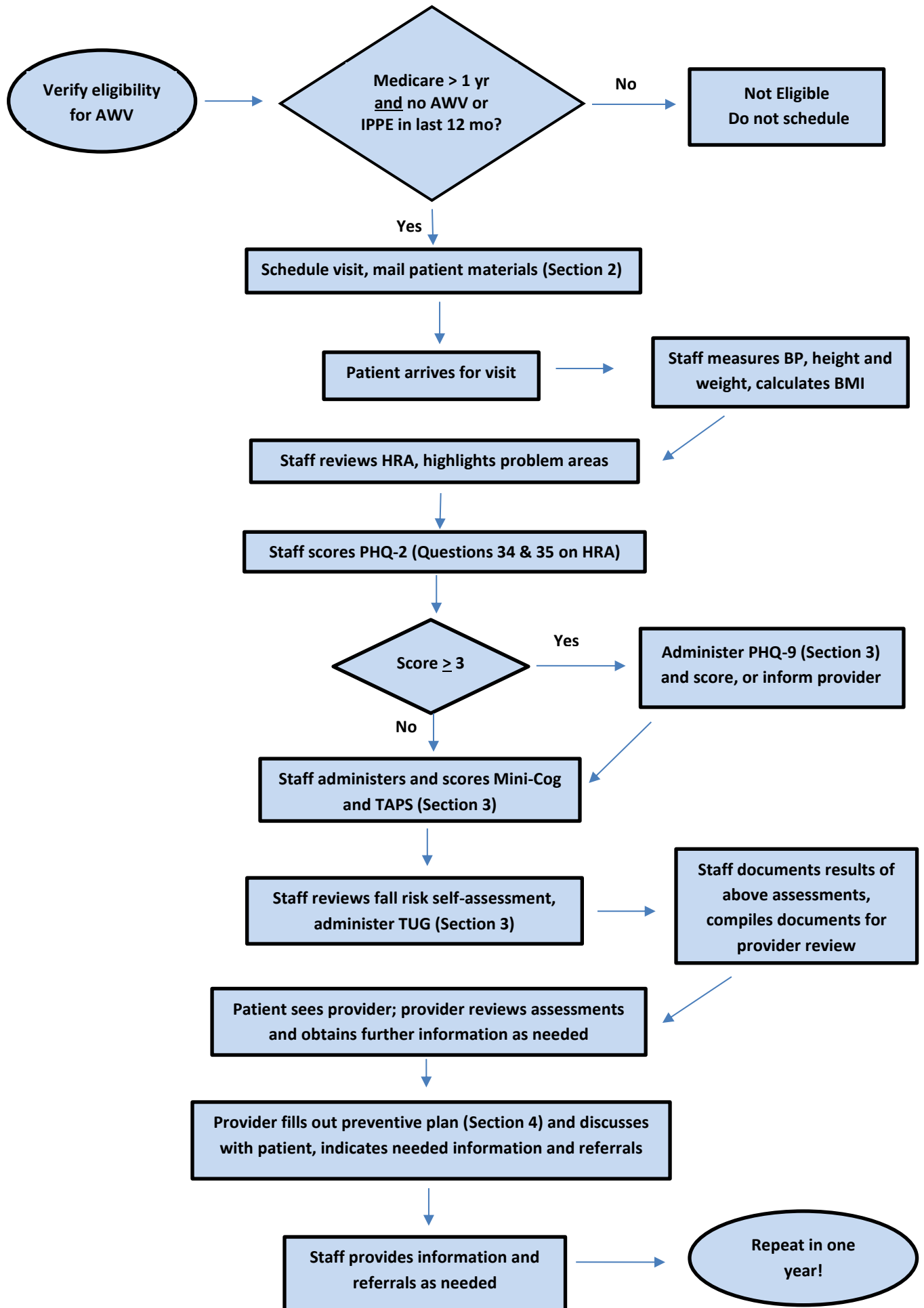
Section 8: Other Information that may be helpful to you as a provider for older adults; specifically, information about the advance directive and some tips from experienced geriatricians.

We hope that you find the tools and information in this toolkit helpful. Please feel free to send any questions or comments about this toolkit to OCHAI@ocagingservicescollaborative.org . Thank you for taking care of our older adults!

Sincerely,

The Orange County Healthy Aging Initiative (OCHAI)
October 2021

Process Map for Annual Wellness Visit



[insert logo/letterhead here]

[insert date here]

Dear Patient,

Medicare now pays for a yearly visit to talk about how to keep you healthy. This visit, the Annual Wellness Visit (or “AWV”), is not the same thing as a yearly physical exam; this visit focuses on improving your health and wellness.

At the AWV, we will talk about your medical history, review things that may be risks to your health, and provide a plan to help keep you healthy. The visit does not include a physical exam or review of your current medical problems, but we will talk about things that can keep you well. The AWV is covered by Medicare. If we need extra time to talk about your medical problems or provide other services, those services may be billed separately.

We appreciate the trust you put in us for your health care. To schedule an AWV:

1. Call (insert phone number here) to schedule a visit
2. Please fill out the included documents and bring them with you to the AWV.
3. Bring a list of all your doctors.
4. Bring a list of the medicines (both prescribed and over-the-counter) and supplements that you take.

Thank you,

(insert signature here)

Health Risk Assessment (HRA)

Name: _____

Date: _____

Date of Birth: _____ Preferred language: _____

Form completed by: Self Friend/family Office staff Other _____

How do you rate your overall health? Excellent Very Good Good Fair Poor

Are there any changes in your medical history since last year? Yes No (if yes, list)

On how many days during the week do you...? (Circle the appropriate answer below)

1) Do physical activity (e.g. walking, sports, etc.) for at least 30 minutes?	0	1 - 2	3 - 4	≥5
2) Include strength exercises (weights or bands) in your physical activity routine?	0	1 - 2	3 - 4	≥5
3) Eat 5 or more servings of fruits and vegetables (one serving equals ½ cup)?	0	1 - 2	3 - 4	≥5
4) Eat 5 or more servings of grains (one serving equals one slice of bread, ½ cup of cereal, etc.)?	0	1 - 2	3 - 4	≥5
5) Eat 2 or more servings of dairy products (milk, yogurt or cheese)?	0	1 - 2	3 - 4	≥5
6) Eat fast food?	0	1 - 2	3 - 4	≥5
7) Cut the size of your meals or skip meals because you don't have enough food (not enough money or enough help to shop or cook)?	0	1 - 2	3 - 4	≥5
8) Have more than one drink of alcohol (beer, liquor, wine) per day?	0	1 - 2	3 - 4	≥5
9) Get at least 7 hours of sleep?	0	1 - 2	3 - 4	≥5
10) Use tobacco or nicotine products (cigarettes, e-cigarettes, smokeless tobacco, cigars, or pipes) or are close to others who do?	0	1 - 2	3 - 4	≥5
11) Leave your home to run errands, go to work, go to meetings, classes, church, social functions, etc. (not counting doctor's visits)?	0	1 - 2	3 - 4	≥5
12) Have physical pain that affects your activities?	0	1 - 2	3 - 4	≥5

13) Do you have mouth or tooth problems that make it difficult to eat?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14) Do you have enough money to pay for your medicines, medical supplies, and medical care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15) About how many times in the last month have you...		
...missed taking your medicines?		_____ times
...taken your medicines differently than prescribed by your doctor?		_____ times
...taken any over-the-counter medicines (non-prescription medicines, supplements or herbal medicines)?		_____ times
16) Do you drive?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, are you able to get where you need to go?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17) Are you sexually active? (if yes, # partners in last 12 months ____)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18) Do you have problems hearing or seeing? (if yes, circle which one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19) In the past 12 months , have you had any problem with balance or walking, or have you had any falls? If yes to falls, how many falls? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you concerned about falling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20) Are you or your family concerned about your memory?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21) In the past 6 months , have you had a problem with leakage of urine?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22) In the past month , have you needed help managing your finances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23) Do you think anybody is taking or using your money without your permission?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24) In the past 7 days , have you needed help from others...		
....to eat, bathe, get dressed or use the toilet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
....to do laundry, cooking, housekeeping or shopping?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
....to take your medicines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25) Do you or your caregiver have enough help/support for caregiving duties? (skip if you do not give or receive care)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26) Are you often lonely?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27) Do you have family and friends who care about you and you can count on for help when you need something or have a problem?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28) Is anybody hurting (hitting or yelling) or not taking care of you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29) Do you have an Advance Directive or Living Will?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Over the last two weeks, how often have you been bothered by the following problems?

	Not at all	Several Days	> Half of the Days	Nearly Every Day
33) Anxiety or stress about your health, money, family, friends or work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34) Little interest or pleasure in doing things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35) Feeling down, depressed or hopeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List of Medicines and Supplements You Take

Name of medicine/supplement	Dose and how often taken
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	

Other healthcare providers you see (and their specialty)

1.	5.
2.	6.
3.	7.
4.	8.

Medical supplies you receive (e.g. oxygen) and who supplies it:

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For Office Use Only

Height: _____ Weight: _____ BMI: _____ BP: ____/____ P: _____

PHQ -2 Score: ____ PHQ-9 Score (if indicated): _____

Other mental health screen, if indicated: (name/score) _____

Mini-Cog Score: _____ Other cognitive screen, if indicated: (name/score) _____

Timed Up and Go: _____

- Home safety checklist reviewed
- Personal Preventive Plan completed and reviewed with patient

Information/education provided:

- Exercise Healthy Eating Dietary supplements Food Banks/Meals on Wheels
- Fall prevention Pain Depression Sleep
- Cognitive impairment Medication use Transportation resources
- Caregiver resources Abuse prevention Scam prevention
- Veteran's benefits Health Insurance Counseling Advocacy Program(HICAP)
- Speech/hearing center Braille Institute Advance Directive/Living Will
- Adult Day Care Alzheimer's Association Long Term Support Services (LTSS)
- Other _____

Referrals made/provided:

- Dental Optometry PT evaluation Pain management Dementia evaluation
- Psychiatry/Counseling/behavioral health Dietician/nutrition counseling
- Bone Mineral Density Colonoscopy Mammogram Pap smear
- Alcohol reduction Tobacco cessation Chronic Disease Self-Management Class
- Case management Driving evaluation Friendly visitor program
- Other _____



Four things you can do to prevent falls:

- 1 Begin an exercise program to improve your leg strength & balance
- 2 Ask your doctor or pharmacist to review your medicines
- 3 Get annual eye check-ups & update your eyeglasses
- 4 Make your home safer by:
 - ▶ Removing clutter & tripping hazards
 - ▶ Putting railings on all stairs & adding grab bars in the bathroom
 - ▶ Having good lighting, especially on stairs

"It's not the broken hip, it's the nursing home I don't want. I need to be independent, so I take Tai Chi."

Leonard Jones, age 74

"People who use canes are brave. They can be more independent and enjoy their lives."

Shirley Warner, age 79



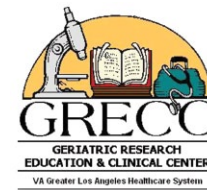
Contact your local community or senior center for information on exercise, fall prevention programs, or options for improving home safety.

For more information on fall prevention, please visit:

www.cdc.gov/injury

www.stopfalls.org

This brochure was produced in collaboration with the following organizations:



Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

Stay Independent

Falls are the main reason why older people lose their independence.

Are you at risk?

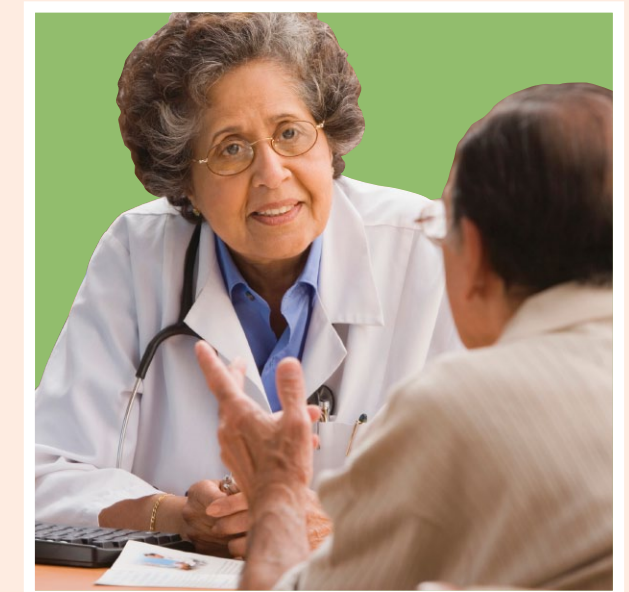


Check Your Risk for Falling

Please circle "Yes" or "No" for each statement below.			Why it matters
Yes (2)	No (0)	I have fallen in the past year.	People who have fallen once are likely to fall again.
Yes (2)	No (0)	I use or have been advised to use a cane or walker to get around safely.	People who have been advised to use a cane or walker may already be more likely to fall.
Yes (1)	No (0)	Sometimes I feel unsteady when I am walking.	Unsteadiness or needing support while walking are signs of poor balance.
Yes (1)	No (0)	I steady myself by holding onto furniture when walking at home.	This is also a sign of poor balance.
Yes (1)	No (0)	I am worried about falling.	People who are worried about falling are more likely to fall.
Yes (1)	No (0)	I need to push with my hands to stand up from a chair.	This is a sign of weak leg muscles, a major reason for falling.
Yes (1)	No (0)	I have some trouble stepping up onto a curb.	This is also a sign of weak leg muscles.
Yes (1)	No (0)	I often have to rush to the toilet.	Rushing to the bathroom, especially at night, increases your chance of falling.
Yes (1)	No (0)	I have lost some feeling in my feet.	Numbness in your feet can cause stumbles and lead to falls.
Yes (1)	No (0)	I take medicine that sometimes makes me feel light-headed or more tired than usual.	Side effects from medicines can sometimes increase your chance of falling.
Yes (1)	No (0)	I take medicine to help me sleep or improve my mood.	These medicines can sometimes increase your chance of falling.
Yes (1)	No (0)	I often feel sad or depressed.	Symptoms of depression, such as not feeling well or feeling slowed down, are linked to falls.
Total _____		Add up the number of points for each "yes" answer. If you scored 4 points or more, you may be at risk for falling. Discuss this brochure with your doctor.	

Your doctor may suggest:

- Having other medical tests
- Changing your medicines
- Consulting a specialist
- Seeing a physical therapist
- Attending a fall prevention program



This checklist was developed by the Greater Los Angeles VA Geriatric Research Education Clinical Center and affiliates and is a validated fall risk self-assessment tool (Rubenstein et al. *J Safety Res*; 2011:42(6)493-499). Adapted with permission of the authors.

Home Safety Checklist

Safety risk	No	Yes	If yes, here's what you need to do.....
Floors			
When you walk through a room, do you have to walk around furniture?			Ask somebody to move the furniture so your path is clear
Are there objects on the floor (papers, magazine, shoes, boxes, etc) that are in your way when you walk through?			Pick up things on the floor and always keep the path clear
Do you have to walk over or around wires or cords (like lamp, telephone or extension cords)?			Coil or tape cords next to the wall; if needed, have an electrician put in another outlet
Do any of your carpets have bumps or curled ends so they do not lie completely flat?			Have a carpet person remove or fix the carpet so it lays completely flat
Do you have any small rugs or runners that slide or bunch up when you push them with your foot?			Remove them or use double sided tape or a non-slip backing so that they don't slide or bunch up when you walk on them
Stairs			
Is there only one light switch for the stairs (at top or bottom)?			Have an electrician install a light switch at the other end
Do you have trouble seeing the outline of all the steps due to poor lighting?			Have somebody put in a stronger light bulb, or have an electrician install another light fixture
Are the handrails only on one side, or are the handrails loose or broken?			Fix loose or broken handrails, and make sure there are sturdy handrails on both sides that are as long as the stairs
Are any stairs loose or uneven?			Fix loose or uneven stairs
Is the carpet or covering on the stairs loose, worn or torn?			Make sure carpet or other covering is in good condition and firmly attached to the stairs, or remove and attach non-slip rubber treads to stairs
Kitchen and Eating Area			
Are the things you use often stored out of your reach (too low or too high)?			Move items you use frequently to areas in easy reach (waist to shoulder height)
Is your step stool unsteady?			If you must use a step stool, make sure it is steady, and get one with a bar to hold on to; never use a chair as a step stool.
Bathroom			
Is your tub or shower floor slippery?			Put a non-slip rubber mat or self-stick abrasive strips on the floor of the tub or shower

Safety risk	No	Yes	If yes, here's what you need to do.....
Do you have difficulty getting into or out of the shower or tub?			If you don't have them already, install sturdy grab bars in your tub and/or shower
Do you have difficulty getting on or off the toilet?			If you don't have them already, use a seat riser and/or install a grab bar next to your toilet.
Bedroom			
Do you have to walk through the room in the dark to reach the light switch?			Install light switches outside the room or just inside the entrance to avoid walking in the dark
Is the light near your bed hard to reach?			Place a lamp close to your bed where it's easy to reach
Is the path from your bedroom to the bathroom dark?			Put in a nightlight so you can see where you're walking; some can come on by themselves after dark.
Outside Your House			
Is the entrance to your house poorly lit?			Install a front door light and lighting along the path to your house
Does the walkway to you house have cracks or holes?			Repair the walkway
GENERAL SAFETY TIPS			
Have an emergency exit plan in case of fire; review it at least yearly			
Have emergency numbers listed by your phone			
Have working smoke alarms in every level of your house and just outside your bedroom; if you're hard of hearing , consider one that has flashing lights in addition to sound			
Have a carbon monoxide (CO) alarm if you use gas heaters to warm your home			
Make sure heavy objects (like televisions, bookshelves or large pictures or mirrors) that are in danger of falling over during an earthquake are braced or fixed securely to the wall.			
Have an emergency kit with at least 3 days of food, water, medications and other needed supplies in case of a natural disaster; go to http://www.ready.gov/basic-disaster-supplies-kit to learn more about the contents of an emergency kit			

Adapted from "Check for Safety", Centers for Disease Control and Prevention (CDC) and MetLife Foundation, 2005, and "Home Safety Checklist", California Department of Aging

[insert logo/letterhead here]

[insert date here]

Kính Thưa Quý Vị,

Hiện nay bảo hiểm sức khỏe Medicare sẽ trả phí tổn cho quý vị để đi tham khảo sức khỏe hàng năm. Buổi thăm viếng này, Thăm Viếng Giữ Gìn Sức Khỏe Hàng Năm, không giống như khám sức khỏe tổng quát hàng năm, chỉ chú trọng đến cách cải thiện sức khỏe của quý vị.

Trong cuộc Thăm Viếng Giữ Gìn Sức Khỏe Hàng Năm, chúng tôi sẽ thảo luận với quý vị về lịch sử sức khỏe của quý vị, xem xét những yếu tố có thể nguy hiểm tới sức khỏe của quý vị, và cho một bản hoạch định để giúp quý vị giữ gìn sức khỏe. Buổi gặp gỡ này không bao gồm sự khám bệnh hay thảo luận nào về những bệnh tật của quý vị, nhưng chúng tôi sẽ thảo luận về những cách có thể giúp quý vị giữ gìn sức khỏe. Sự Thăm Viếng Giữ Gìn Sức Khỏe Hàng Năm được bảo hiểm Medicare chi trả. Nếu chúng tôi cần thêm thì giờ để thảo luận về những bệnh tật của quý vị hoặc quý vị cần những phục vụ khác, những phục vụ đó sẽ được chi trả riêng.

Chúng tôi cảm ơn sự tin tưởng của quý vị đã đặt vào chúng tôi cho sự săn sóc sức khỏe cho quý vị. Để hẹn buổi Thăm Viếng Giữ Gìn Sức Khỏe Hàng Năm:

1. Hãy gọi số (insert phone number here) để lấy hẹn.
2. Xin vui lòng điền vào những tài liệu đính kèm và mang theo khi đến buổi hẹn.
3. Xin mang theo danh sách những bác sĩ của quý vị.
4. Xin mang theo danh sách tất cả những thứ thuốc (bao gồm thuốc được kê toa và thuốc mua tại quầy) và những loại thuốc bổ nào quý vị đang sử dụng.

Cám ơn quý vị,

(insert signature here)

Evaluación de Riesgos de la Salud

Nombre: _____

Fecha: _____

Fecha de nacimiento: _____ Idioma preferido: _____

Formulario completado por: Yo Amigo/familia Personal de la oficina Otro _____

¿Cómo califica su salud en general? Excelente Muy bueno Bueno Justo Malo

¿Hay algún cambio en su historial médico desde el año pasado? Si No (Si respondió si, haga una lista)

¿Cuántos días durante la semana ... (Circulé la respuesta adecuada abajo)

1) Participa en actividad física (por ejemplo, caminar, andar en bicicleta, etc.) al menos de 30 minutos?	0	1 - 2	3 - 4	≥5
2) Incluye ejercicios de fuerza (pesas o bandas) en su rutina de actividad física?	0	1 - 2	3 - 4	≥5
3) Come 5 o más porciones de frutas y verduras (un porción equivale a ½ taza)?	0	1 - 2	3 - 4	≥5
4) Come 5 o más porciones de granos (un porción equivale a una rebanada de pan, ½ taza de cereal, etc.)?	0	1 - 2	3 - 4	≥5
5) Come 2 o más porciones de productos lácteos (leche, yogur o queso)?	0	1 - 2	3 - 4	≥5
6) Come usted comida rápida (como McDonald's, Taco Bell, etc)?	0	1 - 2	3 - 4	≥5
7) Reducir el tamaño de sus comidas o dejar de comer porque no tiene suficiente comida (no hay suficiente dinero o ayuda suficiente para ir de compras o cocinar)?	0	1 - 2	3 - 4	≥5
8) Tener más de un trago de alcohol (cerveza, licor, vino) por día?	0	1 - 2	3 - 4	≥5
9) Llega a dormir por lo menos 7 horas?	0	1 - 2	3 - 4	≥5
10) Utilice productos de tabaco o nicotina (cigarrillos, cigarrillos electrónicos, tabaco sin humo, cigarros, o pipas) o están juntos con personas que fuman?	0	1 - 2	3 - 4	≥5
11) Deja su casa para hacer los mandados, a trabajar, ir a reuniones, clases, iglesia, eventos sociales, etc. (sin contar las visitas al médico)?	0	1 - 2	3 - 4	≥5
12) Tiene dolor físico que afecta sus actividades?	0	1 - 2	3 - 4	≥5

13) ¿Tiene problemas de boca o diente que hace difícil de comer?	<input type="checkbox"/> Sí	<input type="checkbox"/> No
14) ¿Tiene usted suficiente dinero para pagar sus medicamentos, suministros médicos y las visitas médicas que usted necesita?	<input type="checkbox"/> Sí	<input type="checkbox"/> No
15) ¿Cuántas veces en el último mes ha... ...olvidado tomar sus medicamentos? _____ veces ...tomado su medicación de manera diferente de lo recetado por su médico? (omite si usted no toma medicinas) _____ veces ...toma usted medicamentos sin receta (vitaminas, suplementos, hierbas medicinales)? _____ veces		
16) ¿Maneja usted? Si no, ¿puede llegar a donde necesita ir?	<input type="checkbox"/> Sí	<input type="checkbox"/> No
17) ¿Esta sexualmente activo? (Si contesto sí, # de parejas en los últimos 12 meses___)	<input type="checkbox"/> Sí	<input type="checkbox"/> No
18) ¿Tiene problemas de oír o ver? (Si contesto sí, circule cuál)	<input type="checkbox"/> Sí	<input type="checkbox"/> No
En los últimos 12 meses , ¿Ha tenido algún problema con el equilibrio o para caminar o ha tenido alguna caída? En caso afirmativo a las caídas, ¿Cuántas veces? _____ ¿Te preocupa una caída?	<input type="checkbox"/> Sí	<input type="checkbox"/> No
19) ¿Está usted o su familia preocupada por su memoria?	<input type="checkbox"/> Sí	<input type="checkbox"/> No
20) En los últimos 6 meses , ¿Ha tenido algún problema con incontinencia?	<input type="checkbox"/> Sí	<input type="checkbox"/> No
21) En el último mes , ¿Ha necesitado ayuda para manejar sus finanzas?	<input type="checkbox"/> Sí	<input type="checkbox"/> No
22) ¿Piensa usted que alguien le está quitando o usando su dinero sin su permiso?	<input type="checkbox"/> Sí	<input type="checkbox"/> No
23) En los últimos 7 días , ¿Ha necesitado la ayuda de otros... ...Para comer, bañarse, vestirse o usar el baño? ...Para lavar la ropa, cocinar, limpiar o ir de compras? ...Para tomar sus medicamentos?	<input type="checkbox"/> Sí	<input type="checkbox"/> No
24) ¿Tiene usted o su cuidador suficiente ayuda/apoyo con los recursos de atención de cuidado? (omite si usted no da o recibe atención de cuidado)	<input type="checkbox"/> Sí	<input type="checkbox"/> No
25) ¿Con frecuencia estás solo?	<input type="checkbox"/> Sí	<input type="checkbox"/> No
26) ¿Tiene amigos o familia que se preocupan por usted y usted puede contar con su ayuda cuando necesita algo o tiene un problema?	<input type="checkbox"/> Sí	<input type="checkbox"/> No
27) ¿Hay alguien que te maltrata (golpeando o gritando) o no te esta cuidando?	<input type="checkbox"/> Sí	<input type="checkbox"/> No
28) ¿Tiene usted una Directiva Anticipada o Testamento Vital?	<input type="checkbox"/> Sí	<input type="checkbox"/> No

Durante las últimas dos semanas, ¿Con que frecuencia le han molestado los siguientes problemas?

	Nada	Varios Días	> Mitad de los días	Casi todos los días
33) Ansiedad o el estrés sobre su salud, las finanzas, la familia, el trabajo o las relaciones sociales?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34) Poco interés o placer en hacer las cosas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35) Se siente triste, deprimido o sin esperanza?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Lista de medicamentos y suplementos que toma

Nombre de la medicina/suplemento	Dosis y con qué frecuencia
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

Otros proveedores de atención médica que usted ve (y su especialidad)

1.	5.
2.	6.
3.	7.
4.	8.

Suministros médicos que recibe (por ejemplo, oxígeno) y quién lo suministra:

--

For Office Use Only

Height: _____ Weight: _____ BMI: _____ BP: ____/____ P: _____

PHQ -2 Score: _____ PHQ-9 Score (if indicated): _____

Other mental health screen, if indicated: (name/score) _____

Mini-Cog Score: _____ Other cognitive screen, if indicated: (name/score) _____

Timed Up and Go: _____

- Home safety checklist reviewed
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Information/education provided:

- Exercise Healthy Eating Dietary supplements Food Banks/Meals on Wheels
- Fall prevention Pain Depression Sleep
- Cognitive impairment Medication use Transportation resources
- Caregiver resources Abuse prevention Scam prevention
- Veteran's benefits Health Insurance Counseling Advocacy Program(HICAP)
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- Adult Day Care Alzheimer's Association Long Term Support Services (LTSS)
- Other _____

Referrals made/provided:

- Dental Optometry PT evaluation Pain management Dementia evaluation
- Psychiatry/Counseling/behavioral health Dietician/nutrition counseling
- Bone Mineral Density Colonoscopy Mammogram Pap smear
- Alcohol reduction Tobacco cessation Chronic Disease Self-Management Class
- Case management Driving evaluation Friendly visitor program
- Other _____

Đánh Giá Sự Nguy Hiểm Đối Với Sức Khỏe (HRA)

Tên: _____

Ngày: _____

Ngày sinh: _____ Ngôn ngữ chính: _____

Người điền đơn:

Chính mình Bạn/Gia đình Nhân viên văn phòng Người khác _____

Quý vị đánh giá sức khỏe tổng quát của mình như thế nào?

Tuyệt vời Rất tốt Tốt Trung bình Tệ

Có gì thay đổi với lịch sử y tế của quý vị so sánh với năm ngoái? Có Không

(nếu có, liệt kê) _____

Trong tuần có bao nhiêu ngày quý vị...? (Vòng tròn câu trả lời thích hợp dưới đây)

1) Tham gia vận động sức thể (như đi bộ, các môn thể thao .v.v...) ít nhất 30 phút?	0	1 - 2	3 - 4	≥5
2) Bao gồm sự vận động về sức mạnh (cử tạ hay dây thun) trong những vận động thân thể thường ngày?	0	1 - 2	3 - 4	≥5
3) Ăn ít nhất là 5 khẩu phần trái cây và rau cải (một khẩu phần bằng ½ ly đo lường)?	0	1 - 2	3 - 4	≥5
4) Ăn ít nhất 5 khẩu phần ngũ cốc (mỗi khẩu phần bằng một lát bánh mì, ½ ly đo lường ngũ cốc, .v.v...)?	0	1 - 2	3 - 4	≥5
5) Ăn ít nhất là 2 khẩu phần những sản phẩm sữa (như sữa, sữa chua/da ua hay phó mát)?	0	1 - 2	3 - 4	≥5
6) Có ăn thức ăn từ quán ăn liền (fast food)?	0	1 - 2	3 - 4	≥5
7) Bớt phần ăn hay bỏ bữa ăn vì không có đủ đồ ăn (không đủ tiền mua hay không có đủ sự giúp đỡ để mua hay nấu thức ăn)?	0	1 - 2	3 - 4	≥5
8) Có uống hơn một ly rượu (bia, rượu mạnh, rượu chát) mỗi ngày?	0	1 - 2	3 - 4	≥5
9) Có ngủ ít nhất 7 tiếng?	0	1 - 2	3 - 4	≥5
10) Có sử dụng sản phẩm thuốc lá hay nicotine (thuốc lá, thuốc lá điện tử, thuốc lá không khói, xì gà, hay ống tẩu (pipe)) hoặc ở gần những người sử dụng những thứ đó?	0	1 - 2	3 - 4	≥5
11) Rời nhà để làm những công việc vặt, đi làm, hội họp, đến lớp học, nhà thờ, những hoạt động xã hội, v.v.... (không tính chuyện đi bác sĩ)?	0	1 - 2	3 - 4	≥5
12) Bị đau đớn thân thể làm ảnh hưởng đến những hoạt động của quý vị?	0	1 - 2	3 - 4	≥5

13) Có bị đau nhức miệng hay răng ham làm khó ăn?	<input type="checkbox"/> Có	<input type="checkbox"/> Không
14) Quý vị có đủ tiền để mua thuốc, vật dụng y tế và đi khám bệnh?	<input type="checkbox"/> Có	<input type="checkbox"/> Không
15) Trong tháng vừa qua , chừng bao nhiêu lần quý vị ...quên uống thuốc? _____ lần ...sử dụng thuốc khác hơn lối cách bác sĩ kê toa cho quý vị? _____ lần ...uống thuốc mua tại quầy (thuốc không cần toa bác sĩ, thuốc bổ, hay dược thảo)? _____ lần		
16) Quý vị có lái xe không? Nếu không, quý vị có đủ phương tiện để tới nơi cần đến không?	<input type="checkbox"/> Có	<input type="checkbox"/> Không
17) Quý vị có sinh hoạt tình dục không? (nếu có, số người tình dục trong 12 tháng vừa qua là ____)	<input type="checkbox"/> Có	<input type="checkbox"/> Không
18) Quý vị có bệnh thính giác hay thị giác không? (nếu có, vòng tròn bệnh)	<input type="checkbox"/> Có	<input type="checkbox"/> Không
19) Trong 12 tháng vừa qua , quý vị gặp trở ngại về việc duy trì sự thăng bằng hay đi đứng, hoặc có bị ngã (té) lần nào không? Nếu có, quý vị té/ngã bao nhiêu lần? _____ Quý vị có quan tâm sẽ bị té ngã không?	<input type="checkbox"/> Có	<input type="checkbox"/> Không
20) Gia đình của quý vị có quan tâm đến trí nhớ của quý vị không?	<input type="checkbox"/> Có	<input type="checkbox"/> Không
21) Trong 6 tháng vừa qua , quý vị có bị trở ngại vì tiểu sốn không?	<input type="checkbox"/> Có	<input type="checkbox"/> Không
22) Trong tháng vừa qua , quý vị có cần giúp đỡ về vấn đề tài chánh không?	<input type="checkbox"/> Có	<input type="checkbox"/> Không
23) Quý vị nghĩ có ai lấy tiền hay sử dụng tiền của quý vị mà không có sự đồng ý của quý vị không?	<input type="checkbox"/> Có	<input type="checkbox"/> Không
24) Trong 7 ngày vừa qua , quý vị có cần sự giúp đỡ của người khác trong việc: ...ăn, tắm, thay quần áo hay dùng nhà cầu không? ...giặt quần áo, nấu ăn, dọn dẹp nhà cửa hay đi mua sắm không? ... uống thuốc của quý vị không?	<input type="checkbox"/> Có	<input type="checkbox"/> Không
25) Quý vị hay người chăm sóc quý vị có đủ sự giúp đỡ/hỗ trợ cho các trách nhiệm chăm sóc không? (bỏ câu này nếu quý vị không chăm sóc ai hay không được ai chăm sóc)	<input type="checkbox"/> Có	<input type="checkbox"/> Không
26) Quý vị có thường cảm thấy cô đơn không?	<input type="checkbox"/> Có	<input type="checkbox"/> Không
27) Quý vị có gia đình và bạn bè quan tâm đến quý vị và quý vị có thể trông nhờ khi quý vị cần điều gì hay khi gặp một khó khăn nào không?	<input type="checkbox"/> Có	<input type="checkbox"/> Không
28) Có ai gây thương tích (đánh hay la hét) hay không chăm sóc quý vị?	<input type="checkbox"/> Có	<input type="checkbox"/> Không
29) Quý vị có bản Tiên Hướng Dẫn (Advance Directive) hay Di Chúc không?	<input type="checkbox"/> Có	<input type="checkbox"/> Không

Trong hai tuần vừa qua, quý vị có bị vấn đề nào sau đây khiến quý vị cảm thấy phiền lòng?

	Hoàn Toàn Không	Vài Ngày	> Nửa Ngày	Hầu Như Mỗi Ngày
33) Có thấy lo lắng hay căng thẳng đối với sức khoẻ, tiền bạc, gia đình, bạn bè, hay công việc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34) Có chút hứng hay thích thú để làm điều gì?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35) Có thấy chán nản, thất vọng hay vô hy vọng?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Danh Sách Thuốc và Thuốc Bổ Quý Vị Đang Dùng

Tên của thuốc hoặc thuốc bổ	Liều thuốc và dùng thuốc bao nhiêu lần
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	

Những người chăm sóc sức khoẻ của quý vị (và chuyên môn của họ)

1.	5.
2.	6.
3.	7.
4.	8.

Dụng cụ y tế quý vị nhận được (v.v...oxygen) và ai cung cấp:

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Cuatro cosas que usted puede hacer para prevenir las caídas:

- 1 Comience un programa de ejercicios para fortalecer las piernas y mejorar el equilibrio.
- 2 Pídale a su médico o farmacéutico que revise sus medicamentos.
- 3 Hágase un chequeo de los ojos cada año y cambie los anteojos según cambie la receta.
- 4 Haga más seguro su hogar de la siguiente manera:
 - ▶ Retire los objetos amontonados y los que pueden hacerle tropezar.
 - ▶ Coloque pasamanos en todas las escaleras y barras en los baños.
 - ▶ Tenga buena iluminación, especialmente en las escaleras.



“Lo que me preocupa no es romperme la cadera, sino terminar en un hogar de ancianos.

Necesito mi independencia, así que hago Tai Chi”.

Leonard Jones, 74 años

“Las personas que usan bastón son valientes.

Pueden ser más independientes y disfrutar su vida”.

Shirley Warner, 79 años

Comuníquese con el centro comunitario o centro para personas mayores local para solicitar información sobre los programas de ejercicios o de prevención de caídas que tengan disponibles y sobre cómo mejorar la seguridad de su casa.

Para obtener más información sobre la prevención de caídas, visite:

www.cdc.gov/injury
www.stopfalls.org

Este folleto fue creado en colaboración con las siguientes organizaciones:

VA Greater Los Angeles Healthcare System, Geriatric Research Education & Clinical Center (GRECC), and the Fall Prevention Center of Excellence



Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

Mantenga su independencia

Las caídas son la principal causa por la que las personas mayores pierden la independencia.

¿Está usted en riesgo?



Averigüe cuál es su riesgo de tener una caída

Por favor encierre en un círculo "sí" o "no" para cada uno de los siguientes enunciados.			Por qué es importante
Si (2)	No (0)	He tenido una caída en el último año.	Las personas que han tenido una caída tienen probabilidades de volver a caerse.
Si (2)	No (0)	Uso o me han recomendado que usara bastón o un caminador para desplazarme con seguridad.	Las personas a quienes se les ha recomendado usar un bastón o un caminador posiblemente ya tengan más probabilidades de tener una caída.
Si (1)	No (0)	A veces siento que no tengo estabilidad al caminar.	La falta de estabilidad y sentir la necesidad de apoyarse al caminar son señales de falta de equilibrio.
Si (1)	No (0)	Me sostengo de los muebles para estabilizarme cuando camino en casa.	Esto también es señal de falta de equilibrio.
Si (1)	No (0)	Me preocupa caerme.	Las personas que tienen preocupaciones de caerse tienen más probabilidades de tener una caída.
Si (1)	No (0)	Necesito ayudarme con las manos para levantarme de una silla.	Esta es una señal de debilidad muscular en las piernas, una de las principales causas de caídas.
Si (1)	No (0)	Tengo algo de dificultad para subir el borde de la acera.	Esto también es señal de debilidad muscular en las piernas.
Si (1)	No (0)	Frecuentemente tengo urgencia de llegar al baño.	Correr para llegar al baño, especialmente durante la noche, aumenta las probabilidades de caerse.
Si (1)	No (0)	He perdido un poco de sensibilidad en los pies.	Tener los pies entumecidos puede hacer que se tropiece y se caiga.
Si (1)	No (0)	Tomo medicamentos que a veces me hacen sentir aturdido o más cansado de lo normal.	A veces, los efectos secundarios de los medicamentos pueden aumentar sus probabilidades de caerse.
Si (1)	No (0)	Tomo medicamentos para ayudarme a dormir o para mejorar el estado de ánimo.	Estos medicamentos a veces pueden aumentar sus probabilidades de caerse.
Si (1)	No (0)	Con frecuencia me siento triste o deprimido.	Los síntomas de depresión, como no sentirse bien o sentirse aletargado, se relacionan con las caídas.
Total _____		Sume la cantidad de puntos para cada respuesta de "sí". Si obtuvo un puntaje de 4 o más, es posible que esté en riesgo de tener una caída. Hable con su médico acerca de este folleto.	

Su médico podría sugerirle lo siguiente:

- Hacerse otras pruebas médicas
- Cambiar los medicamentos que toma
- Consultar con un especialista
- Ver a un fisioterapeuta
- Asistir a un programa de prevención de caídas



*Esta lista fue elaborada por el VA Greater Los Angeles Healthcare System, Geriatric Research Education & Clinical Center (GRECC) y sus afiliados y es una herramienta validada de autoevaluación de riesgo de caídas (Rubenstein et al. *J Safety Res*; 2011:42(6)493-499). Adaptado con autorización de los autores.

Lista de Seguridad en el Hogar

Riesgo de seguridad	No	Sí	Si es así, esto es lo que hay que hacer.....
Pisos			
¿Cuando usted camina por un habitación, ¿Tienes que caminar alrededor de los muebles?			Pida a alguien que mueva los muebles para que su camino este claro
¿Hay objetos en el suelo (papeles, revistas, zapatos, cajas, etc.) que se encuentran al atravesar su camino?			Recoja las cosas en el suelo y mantener siempre el camino libre
¿Tiene que caminar por encima o alrededor de cables o cordones eléctricos (como cables de lámparas, teléfono o de extensión)?			Enrolle o pegue los cables siguiente a la pared; si es necesario, requiere a un electricista para poner en otra tomacorriente
¿Alguno de sus alfombras tienen protuberancias o extremos rizados para que no se encuentren completamente planos?			Haga que una persona de alfombras quite o arregle la alfombra para que quede completamente plana
¿Tiene algunas alfombras pequeñas o corredores que se resbalan o se amontonan al empujarlas con el pie?			Eliminarlos o use cinta de doble cara o un forro antideslizante para que no se deslicen o se amontonan al caminar sobre de ellos
Escaleras			
¿Hay solo un interruptor de la luz para las escaleras (arriba o abajo)?			Haga que un electricista instale un interruptor de la luz en el otro extremo
¿Tiene problemas para ver la forma de las escaleras debido a la mala iluminación?			Haga que alguien cambie un foco para luz más fuerte o que un electricista instale otra lámpara
¿Están en un solo lado los pasamanos o son los pasamanos sueltos o rotos?			Arregle las barandillas sueltas o rotas, y asegúrese de que hay pasamanos fijos en ambos lados que son tan largos como las escaleras
¿Hay escaleras sueltas o desiguales?			Arregle escaleras flojas o desiguales
¿Está la alfombra o cubierta de las escaleras flojas, desgastadas o rotas?			Asegúrese de que la alfombra u otra cubierta están en buenas condiciones y firmemente a las escaleras, o remueve y aplica banda de goma antideslizante para escaleras.
Cocina y área para comer			
¿Son las cosas que usa frecuentemente fuera de su alcance (demasiado baja o demasiado alta)?			Mueva los articulos que utiliza con frecuencia a las zonas de facil acceso (de la cintura a la altura de los hombros)
¿Está su banquillo inestable?			Si tiene que usar un banquillo, asegúrese de que es estable y consigue uno con una barra para agarrarse; Nunca use una silla como un banquillo.

Riesgo de Seguridad	No	Sí	Si es así, esto es lo que tiene que hacer...
Baño			
¿Está su tina o bañera resbalosa?			Coloque una alfombra de goma antideslizante o tiras autoadhesivas en el suelo de la bañera o tina
¿Tiene dificultades para entrar o salir de la tina o bañera?			Si toda vía no los tiene, instale barras solidas en su bañera y/o tina
¿Tiene dificultad para subir o bajar del retrete?			Si toda vía no los tiene, utilice un elevador de asiento y/o instale una barra solida junto a su retrete.
Dormitorio			
¿Tienes que caminar por la habitación en la oscuridad para llegar al interruptor de la luz?			Instale interruptores de luz fuera de la habitación o dentro de la entrada para evitar caminar en la oscuridad
¿Está la luz cerca de la cama difícil de alcanzar?			Ponga una lámpara cerca de su cama donde es fácil alcanzar
¿Es la ruta de su dormitorio al baño oscuro?			Ponga una luz de noche para que pueda ver por dónde camina; algunos se pueden aprender solos por la noche
Fuera de su Casa			
¿Está la entrada a su casa poco iluminado?			Instale una luz en la puerta de frente y la ruta a lo largo de su casa para iluminar el camino
¿Tiene el pasillo de su casa grietas o agujeros?			Repare el pasillo de su casa
Consejos de seguridad general			
Tenga un plan de salida de emergencia en caso de incendio; revise por lo menos anualmente			
Tenga los números de emergencia listados en su teléfono			
Tenga detectores de humo que funcionen en cada nivel de su casa y afuera de su dormitorio; si tienes problemas de audición, considere uno que ha de parpadear las luces, además de sonar			
Tener una alarma de monóxido de carbono (CO) si utiliza calentadores de gas para calentar su casa			
Asegúrese de que los objetos pesados (como televisores, estante de libros, cuadros o espejos grandes) que están en peligro de caer durante un terremoto se fijan firmemente a la pared.			
Tenga un equipo de emergencia con al menos 3 días de comida, agua, medicamentos y otros suministros necesarios en caso de un desastre natural; vaya a http://www.ready.gov/basic-disaster-supplies-kit para aprender más sobre el contenido de un botiquín de emergencia			

Adaptado de “Check for Safety”, Centros para el Control y Prevención de Enfermedades (CDC) y la Fundación MetLife, 2005, y “Home Safety Checklist”, Departamento de Tercera Edad de California

Danh Sách Để Kiểm Soát Sự An Toàn Trong Nhà

Nguy Cơ Cho Sự An Toàn	Có	Không	Nếu có, đây là những điều quý vị cần làm...
Sàn nhà			
Khi quý vị đi trong nhà, quý vị có phải đi quanh tránh những vật dành trang trí nội thất không?			Nhờ một người nào đó dời vật trang trí nội thất để lối đi được trống trải
Có những đồ vật nằm trên sàn nhà (như giấy tờ, báo chí, giày dép, thùng .v..v...) cản đường khiến quý vị phải bước qua không?			Lượm những vật trên sàn nhà và luôn luôn giữ đường đi trống trải
Quý vị có bước qua hay đi quanh dây nhợ hay giây điện không (như đèn, điện thoại hay dây nối dài)?			Quấn hay dán những giây điện sát tường; nếu cần, nhờ thợ điện gắn thêm ổ cắm điện
Có bất cứ phần thảm nào nổi cộm hay góc bị cuộn lại khiến cho mặt thảm không hoàn toàn bằng phẳng không?			Nhờ thợ trải thảm dẹp bỏ hay chỉnh sửa chỗ thảm hư để thảm hoàn toàn nằm bằng phẳng
Quý vị có bất cứ tấm thảm nhỏ hay thảm trải lối đi trơn trượt hoặc bị cuộn lại khi quý vị dùng chân đẩy chúng không?			Lấy chúng ra hay dùng băng keo hai mặt để dán thảm hay vật chống trơn trượt để không bị trượt hay không cuộn lại khi quý vị bước đi trên thảm
Thang lầu			
Phải chăng chỉ có một công tắc đèn cho những thang lầu (đầu cầu thang hay cuối cầu thang)?			Nhờ thợ điện gắn thêm một chỗ bật điện ở phía cầu thang không có chỗ bật điện
Có phải quý vị khó nhìn thấy mép của các bậc thang do thiếu ánh sáng không?			Nhờ người gắn bóng điện sáng hơn, hay nhờ thợ điện gắn thêm một ổ đèn điện khác
Có phải tay vịn thang lầu chỉ có ở một phía cầu thang, hay bị gãy hoặc không chắc chắn không?			Sửa chữa tay vịn bị lỏng hay hư hại, phải biết chắc rằng mình có những tay vịn chắc chắn ở hai bên thang lầu dài bằng chiều dài của thang lầu
Có bất cứ bậc thang nào bị lung lay hay không bằng phẳng không?			Sửa chữa những cầu thang bị lung lay hay không bằng phẳng
Thảm trải các bậc thang có bị sờn, mòn hay rách nát không?			Phải biết chắc thảm hay vật trải cầu thang còn tốt và dính chắc vào cầu thang, nếu không thì bỏ những thứ đó thay vào đó bằng những tấm thảm cao su chống trơn
Khu Vực Nhà Bếp và Ăn Uống			
Có phải những vật dụng thường dùng để ở chỗ khó lấy (quá thấp hay quá cao)?			Dời những vật dụng thường dùng vào chỗ dễ lấy (cao từ eo đến vai)
Ghế đẩu có bậc thang để lấy những vật trên cao có những bậc thang chắc chắn không?			Nếu quý vị cần dùng ghế đẩu có bậc thang thì phải biết chắc ghế đứng vững, và kiểm loại ghế có tay vịn; đừng bao giờ sử dụng ghế ngồi thay vì ghế đẩu để lấy những vật trên cao.

Nguy Cơ Cho Sự An Toàn	Có	Không	Nếu có, thì đây là những điều quý vị cần làm.....
Nhà Tắm			
Sàn bồn tắm hay sàn buồng tắm có trơn trượt không?			Đặt trên sàn tắm thảm cao su chống trơn hay dùng những sọc vằn dính sẵn keo dán vào sàn bồn tắm hay buồng tắm
Quý vị có thấy khó khăn khi bước vào hay bước ra khỏi bồn tắm hay buồng tắm vòi hương sen không?			Nếu quý vị chưa có thì hãy gắn những thanh vịn chắc chắn nơi bồn tắm hay/và buồng tắm vòi hương sen
Quý vị có bị khó khăn lúc ngồi vào hay đứng lên khỏi bồn cầu không?			Nếu quý vị chưa có thì hãy dùng vật nâng chỗ ngồi cho cao lên và/hay gắn một tay vịn gần bồn cầu
Phòng Ngủ			
Quý vị có buộc phải bước vào buồng ngủ trong bóng tối trước khi đến được công tắc đèn không?			Gắn những công tắc đèn bên ngoài phòng hay ngay cửa ra vào để tránh bước vào chỗ tối
Đèn gần giường ngủ có khó với tới không?			Đặt một chiếc đèn gần giường ngủ nơi dễ dàng tiếp cận
Đường từ phòng ngủ đến nhà tắm có tối không?			Gắn một đèn ngủ để quý vị thấy được nơi mình sắp bước tới; một số đèn ngủ có thể tự động sáng khi tối đến.
Bên Ngoài Nhà			
Lối vào nhà có tối quá không?			Gắn một bóng đèn ngay cửa trước và làm sáng con đường dẫn vào nhà của quý vị
Đường dẫn vào nhà quý vị có lỗ chỗ hay nứt nẻ không?			Sửa chữa đường vào nhà
NHỮNG LỜI KHUYÊN TỔNG QUÁT VỀ SỰ AN TOÀN			
Hoạch định cách thoát khẩn cấp trong trường hợp cháy nhà; hàng năm xét lại kế hoạch này			
Để những số điện thoại khẩn cấp gần bên chiếc điện thoại của quý vị			
Đặt những thiết bị báo động cháy nhà trong mọi tầng lầu và ngay bên ngoài phòng ngủ của quý vị; nếu quý vị bị khiếm thính, hãy tìm loại vừa có đèn nhấp nháy vừa phát ra tiếng báo động			
Hãy gắn thiết bị báo động khí carbon monoxide (CO) nếu quý vị dùng hơi gas để sưởi ấm ngôi nhà của quý vị			
Những đồ vật nặng nề (như máy truyền hình, kệ sách hoặc khung ảnh hay kính soi mặt lớn) có thể bị ngã xuống lúc có động đất, hãy chắc chắn những vật đó được móc vào hay gắn chặt vào tường.			
Để sẵn một túi khẩn cấp bao gồm thức ăn, nước uống, thuốc men và những vật dụng cần thiết đủ dùng trong 3 ngày trong trường hợp xảy ra thiên tai; hãy vào trang mạng http://www.ready.gov/basic-disaster-supplies-kit để biết thêm những gì cần bỏ vào chiếc túi khẩn cấp			

Dựa vào bảng “Kiểm Tra về Sự An Toàn” (Check for Safety) của Trung Tâm Kiểm Soát và Ngăn Ngừa Bệnh Tật (CDC) và MetLife Foundation, 2005, cũng như “Danh Sách Kiểm Tra Sự An Toàn Trong Nhà” (Home Safety Checklist) của Cơ Quan Cao Niên California (California Department of Aging)

Patient Health Questionnaire-2 (PHQ-2)

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3

For office coding: _____ 0 _____ + _____ + _____ + _____
= Total Score _____

PHQ-2 Scores and Proposed Treatment Actions

The PHQ-2 consists of the first 2 questions of the PHQ-9. Scores range from 0 to 6. The recommended cut point is a score of 3 or greater. Recommended actions for persons scoring 3 or higher are one of the following:

- Administer the full PHQ-9
 - Conduct a clinical interview to assess for Major Depressive Disorder
1. Kroenke K, Spitzer RL, Williams JB. The Patient Health Questionnaire-2: Validity of a Two-Item Depression Screener. *Med Care*. 2003, Nov;41(11):1284-92.
 2. Kroenke K(1), Spitzer RL, Williams JB, Löwe B. The Patient Health Questionnaire Somatic, Anxiety, and Depressive Symptom Scales: a systematic review. *Gen Hosp Psychiatry*. 2010 Jul-Aug;32(4):345-59.

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____

DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

add columns + +

(Healthcare professional: For interpretation of TOTAL, TOTAL: please refer to accompanying scoring card).

<p>10. If you checked off <i>any problems</i>, how <i>difficult</i> have these problems made it for you to do your work, take care of things at home, or get along with other people?</p>	<p>Not difficult at all _____</p> <p>Somewhat difficult _____</p> <p>Very difficult _____</p> <p>Extremely difficult _____</p>
--	--

PHQ-9 Patient Depression Questionnaire

For initial diagnosis:

1. Patient completes PHQ-9 Quick Depression Assessment.
2. If there are at least 4 ✓s in the shaded section (including Questions #1 and #2), consider a depressive disorder. Add score to determine severity.

Consider Major Depressive Disorder

- if there are at least 5 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

Consider Other Depressive Disorder

- if there are 2-4 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

Note: Since the questionnaire relies on patient self-report, all responses should be verified by the clinician, and a definitive diagnosis is made on clinical grounds taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient.

Diagnoses of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, occupational, or other important areas of functioning (Question #10) and ruling out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

To monitor severity over time for newly diagnosed patients or patients in current treatment for depression:

1. Patients may complete questionnaires at baseline and at regular intervals (eg, every 2 weeks) at home and bring them in at their next appointment for scoring or they may complete the questionnaire during each scheduled appointment.
2. Add up ✓s by column. For every ✓: Several days = 1 More than half the days = 2 Nearly every day = 3
3. Add together column scores to get a TOTAL score.
4. Refer to the accompanying **PHQ-9 Scoring Box** to interpret the TOTAL score.
5. Results may be included in patient files to assist you in setting up a treatment goal, determining degree of response, as well as guiding treatment intervention.

Scoring: add up all checked boxes on PHQ-9

For every ✓ Not at all = 0; Several days = 1;
More than half the days = 2; Nearly every day = 3

Interpretation of Total Score

Total Score	Depression Severity
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

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Screening Tool: Alternate Geriatric Depression Scale (GDS)

Resident's Name: _____ Record #: _____

Circle resident's response to questions. Each answer indicated by an asterisk (*) counts as 1 point.

1. Are you basically satisfied with your life?	Yes	No *
2. Do you often get bored?	Yes *	No
3. Do you often feel helpless?	Yes *	No
4. Do you prefer to stay home rather than going out and doing things?	Yes *	No
5. Do you feel pretty worthless the way you are now?	Yes *	No

GDS-5 Score _____

If the GDS-5 score is 1 or less, you may stop here. If the GDS-5 score is 2 or more, continue with the remaining 10 questions. A GDS-5 score of 2 or more indicates possible depression.

6. Have you dropped many of your activities and interests?	Yes *	No
7. Do you feel that your life is empty?	Yes *	No
8. Are you in good spirits most of the time?	Yes	No *
9. Are you afraid that something bad is going to happen to you?	Yes *	No
10. Do you feel happy most of the time?	Yes	No *
11. Do you feel you have more problems with memory than most?	Yes *	No
12. Do you think it is wonderful to be alive now?	Yes	No *
13. Do you feel full of energy?	Yes	No *
14. Do you feel your situation is hopeless?	Yes *	No
15. Do you think that most people are better off than you are?	Yes *	No

GDS-15 Score _____

A GDS-15 score of 5-9 indicates possible depression; above 9 usually indicates depression

Signature of person completing form

Date

References:

Weeks SK, McGann PE, Michaels TK, & Penninx, BW. Comparing various short-form geriatric depression scales leads to the GDS-5/15. *Journal of Nursing Scholarship* 2003;2:133-7.

Goring, H, Baldwin, R, Marriott, A, Pratt, H, & Roberts, C. Validation of short screening tests for depression and cognitive impairment in older medically ill inpatients. *International Journal of Geriatric Psychiatry* 2004;19:465-71.

환자 건강 질문지 - 9 72883
(Korean version of the PHQ-9)

THIS SECTION FOR USE BY STUDY PERSONNEL ONLY.

Were data collected? **No** (provide reason in comments)
 If **Yes**, data collected on visit date or specify date: _____
DD-Mon-YYYY

Comments:

Only the patient (subject) should enter information onto this questionnaire.

<u>지난 2 주일 동안</u> 당신은 다음의 문제들로 인해서 얼마나 자주 방해를 받았습니까?	전혀 방해 받지 않았다	며칠 동안 방해 받았다	7 일 이상 방해 받았다	거의 매일 방해 받았다
1. 일 또는 여가 활동을 하는 데 흥미나 즐거움을 느끼지 못함	0	1	2	3
2. 기분이 가라앉거나, 우울하거나, 희망이 없음	0	1	2	3
3. 잠이 들거나 계속 잠을 자는 것이 어려움, 또는 잠을 너무 많이 잠	0	1	2	3
4. 피곤하다고 느끼거나 기운이 거의 없음	0	1	2	3
5. 입맛이 없거나 과식을 함	0	1	2	3
6. 자신을 부정적으로 봄 - 혹은 자신이 실패자라고 느끼거나 자신 또는 가족을 실망시킴	0	1	2	3
7. 신문을 읽거나 텔레비전 보는 것과 같은 일에 집중하는 것이 어려움	0	1	2	3
8. 다른 사람들이 주목할 정도로 너무 느리게 움직이거나 말을 함. 또는 반대로 평상시보다 많이 움직여서, 너무 안절부절 못하거나 들떠 있음	0	1	2	3
9. 자신이 죽는 것이 더 낫다고 생각하거나 어떤 식으로든 자신을 해칠 것이라고 생각함	0	1	2	3

SCORING FOR USE BY STUDY PERSONNEL ONLY
 0 + _____ + _____ + _____
 =Total Score: _____

만일 당신이 위의 문제 중 하나 이상 "예" 라고 응답하셨으면, 이러한 문제들로 인해서 당신은 일을 하거나
가정일을 돌보거나 다른 사람과 어울리는 것이 얼마나 어려웠습니까?
 전혀 어렵지 않았다 약간 어려웠다 많이 어려웠다 매우 많이 어려웠다

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나는 이정보가 정확하다고 확인합니다. 환자/피험자 이름의 머리 글자: 날짜:

CUESTIONARIO SOBRE LA SALUD DEL PACIENTE - 9 72883 (US Spanish version of the PHQ)												
Durante las últimas 2 semanas, ¿qué tan seguido ha tenido molestias por cualquiera de las siguientes dificultades?	No del todo	Varios días	Más de la mitad de los días	Casi todos los días								
1. Poco interés o placer en hacer cosas	0	1	2	3								
2. Sintiéndose decaído(a), deprimido(a), o sin esperanzas	0	1	2	3								
3. Dificultad en caer o permanecer dormido(a), o dormir demasiado	0	1	2	3								
4. Sintiéndose cansado o teniendo poca energía	0	1	2	3								
5. Pobre de apetito o comer en exceso	0	1	2	3								
6. Sintiéndose mal con usted mismo(a) – o que usted es un fracaso o que ha quedado mal con usted mismo(a) o con su familia	0	1	2	3								
7. Dificultad en concentrarse en cosas, tales como leer el periódico o ver televisión	0	1	2	3								
8. ¿Moviéndose o hablando tan lento, que otras personas podrían notarlo? O lo contrario – muy inquieto(a) o agitado(a) que usted ha estado moviéndose mucho más de lo normal	0	1	2	3								
9. Pensamientos de que usted estaría mejor muerto(a) o de alguna manera lastimándose a usted mismo(a)	0	1	2	3								
SCORING FOR USE BY STUDY PERSONNEL ONLY _____ + _____ + _____ + _____ =Total Score: _____												
<p>Si usted marcó cualquiera de los problemas, ¿qué tan difícil han afectado estos problemas en hacer su trabajo, encargarse de tareas del hogar, o llevarse bien con otras personas?</p> <table style="width: 100%; text-align: center;"> <tr> <td>Para nada difícil</td> <td>Un poco difícil</td> <td>Muy difícil</td> <td>Extremadamente difícil</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>					Para nada difícil	Un poco difícil	Muy difícil	Extremadamente difícil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Para nada difícil	Un poco difícil	Muy difícil	Extremadamente difícil									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
Copyright © 2005 Pfizer Inc. Todos los derechos reservados. Reproducido con permiso. EPI0905.PHQ9P												
Confirмо que la información en este formulario es correcta.		Iniciales del paciente:		Fecha:								

PHQ-9

Tên Gọi: _____ Tên Họ: _____ Ngày: ___ / ___ / ___

Chương Trình: _____ MRN: _____ Ngày Sinh: ___ / ___ / ___
(Số Hồ Sơ Bệnh Lý)

Trong 2 tuần vừa qua, quý vị đã bị phiền phức bởi những vấn đề dưới đây ở mức độ thường xuyên như thế nào?

(Xin khoanh tròn các con số cho các câu trả lời)

	Hoàn toàn không	Có một vài ngày	Có hơn phân nửa số ngày	Hầu như mỗi ngày
1. Không mấy quan tâm hay hứng thú làm việc gì	0	1	2	3
2. Cảm thấy xuống tinh thần, buồn bã hoặc tuyệt vọng	0	1	2	3
3. Khó ngủ, ngủ không yên giấc, hay ngủ quá nhiều	0	1	2	3
4. Cảm thấy mệt mỏi hoặc ít sinh lực	0	1	2	3
5. Kém ăn hay ăn quá nhiều	0	1	2	3
6. Cảm thấy mình tội tệ — hoặc cảm thấy mình là kẻ thất bại, hoặc đã làm cho chính mình hoặc gia đình thất vọng	0	1	2	3
7. Khó tập trung vào việc gì, ví dụ như đọc báo hay xem truyền hình	0	1	2	3
8. Di chuyển hay nói chuyện quá chậm chạp khiến người khác lưu ý. Hoặc ngược lại – lúc nào cũng bồn chồn hoặc không yên khiến quý vị phải chuyển động nhiều hơn bình thường	0	1	2	3
9. Có những ý nghĩ rằng quý vị thà chết hoặc tự làm mình đau đớn bằng cách nào đó	0	1	2	3

PHẦN DÀNH CHO NHÂN VIÊN GHI CHÚ

0 + _____ + _____ + _____
= Tổng số điểm: _____

Nếu quý vị đã đánh dấu vào bất cứ vấn đề nào, thì những vấn đề ấy đã gây khó khăn cho quý vị ở mức độ nào trong công việc, chăm sóc nhà cửa, hoặc sống hoà hợp với những người khác?

Hoàn toàn không

Một chút khó khăn

Khó khăn rất nhiều

Cực kỳ khó khăn

Được biên soạn bởi các Tiến Sĩ Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke và đồng nghiệp, với kinh phí do Pfizer Inc. tài trợ cho mục đích giáo dục. Không có đòi hỏi sự cho phép cho mọi sao chép, thông dịch, đăng tải hoặc phân phối.

VAMC SLUMS EXAMINATION

Questions about this assessment tool? E-mail aging@slu.edu

Name _____ Age _____

Is the patient alert? _____ Level of education _____

___/1
___/1
___/1
___/3
___/3
___/5
___/2
___/4
___/2
___/8

1 1. What day of the week is it?

1 2. What is the year?

1 3. What state are we in?

4. Please remember these five objects. I will ask you what they are later.

Apple Pen Tie House Car

5. You have \$100 and you go to the store and buy a dozen apples for \$3 and a tricycle for \$20.

1 How much did you spend?

2 How much do you have left?

6. Please name as many animals as you can in one minute.

0 0-4 animals **1** 5-9 animals **2** 10-14 animals **3** 15+ animals

7. What were the five objects I asked you to remember? 1 point for each one correct.

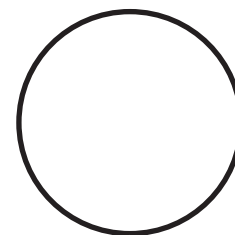
8. I am going to give you a series of numbers and I would like you to give them to me backwards. For example, if I say 42, you would say 24.

0 87 **1** 648 **1** 8537

9. This is a clock face. Please put in the hour markers and the time at ten minutes to eleven o'clock.

2 Hour markers okay

2 Time correct



1 10. Please place an X in the triangle.

1 Which of the above figures is largest?

11. I am going to tell you a story. Please listen carefully because afterwards, I'm going to ask you some questions about it.

Jill was a very successful stockbroker. She made a lot of money on the stock market. She then met Jack, a devastatingly handsome man. She married him and had three children. They lived in Chicago. She then stopped work and stayed at home to bring up her children. When they were teenagers, she went back to work. She and Jack lived happily ever after.

2 What was the female's name?

2 What work did she do?

2 When did she go back to work?

2 What state did she live in?

TOTAL SCORE

SCORING

HIGH SCHOOL EDUCATION

LESS THAN HIGH SCHOOL EDUCATION

27-30	NORMAL	25-30
21-26	MILD NEUROCOGNITIVE DISORDER	20-24
1-20	DEMENTIA	1-19

CLINICIAN'S SIGNATURE _____

DATE _____

TIME _____

ASSESSMENT

The 4-Stage Balance Test

Purpose: To assess static balance

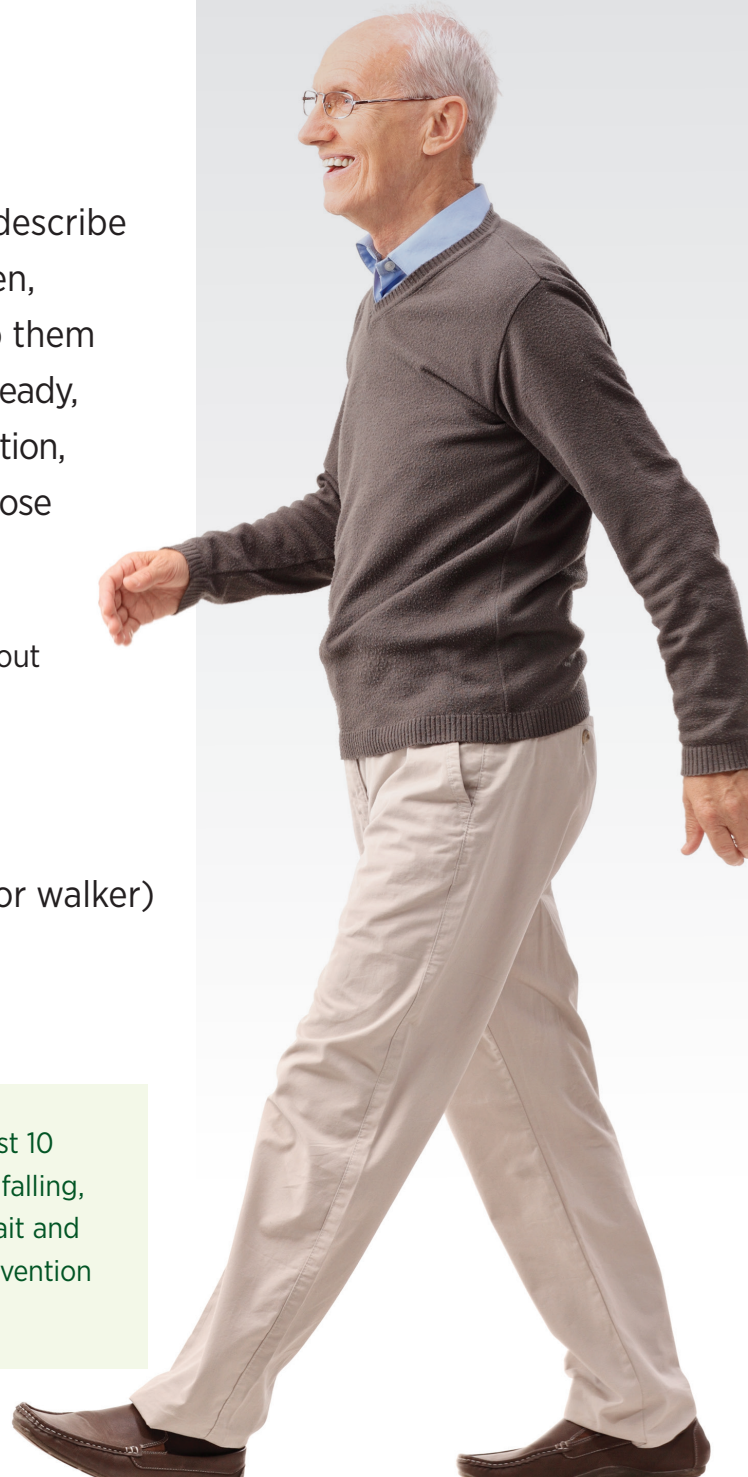
Equipment: A stopwatch

Directions: There are four standing positions that get progressively harder to maintain. You should describe and demonstrate each position to the patient. Then, stand next to the patient, hold their arm, and help them assume the correct position. When the patient is steady, let go, and time how long they can maintain the position, but remain ready to assist the patient if they should lose their balance.

- ▶ If the patient can hold a position for 10 seconds without moving their feet or needing support, go on to the next position.
- ▶ If not, **STOP** the test.

Patients should not use an assistive device (cane or walker) and they should keep their eyes open.

An older adult who cannot hold the tandem stand for at least 10 seconds is at increased risk of falling. To reduce their risk of falling, you might consider referring them to physical therapy for gait and balance exercises, or refer them to an evidence-based fall prevention program, such as Tai Chi.



ASSESSMENT CONTINUED

The 4-Stage Balance Test





Patient _____

Date _____

Time _____ AM PM

Instructions to the patient:

- ▶ I'm going to show you four positions.
- ▶ Try to stand in each position for 10 seconds.
- ▶ You can hold your arms out, or move your body to help keep your balance, but don't move your feet.
- ▶ For each position I will say, **"Ready, begin."** Then, I will start timing. After 10 seconds, I will say, **"Stop."**

	① Stand with your feet side-by-side.	Time: _____ seconds
	② Place the instep of one foot so it is touching the big toe of the other foot.	Time: _____ seconds
	③ Tandem stand: Place one foot in front of the other, heel touching toe.	Time: _____ seconds
	④ Stand on one foot.	Time: _____ seconds

Notes:

CDC's STEADI tools and resources can help you screen, assess, and intervene to reduce your patient's fall risk.

For more information, visit www.cdc.gov/steady



Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

STEADI Stopping Elderly Accidents, Deaths & Injuries

ASSESSMENT

30-Second Chair Stand

Purpose: To test leg strength and endurance

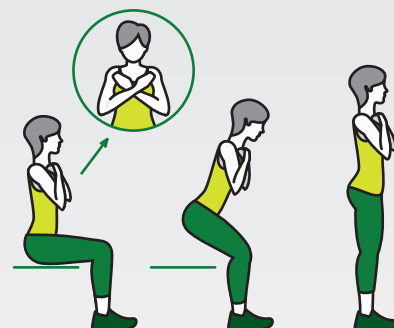
Equipment: A chair with a straight back without arm rests (seat 17” high), and a stopwatch.

① Instruct the patient:

1. Sit in the middle of the chair.
2. Place your hands on the opposite shoulder crossed, at the wrists.
3. Keep your feet flat on the floor.
4. Keep your back straight, and keep your arms against your chest.
5. On “Go,” rise to a full standing position, then sit back down again.
6. Repeat this for 30 seconds.

NOTE:

Stand next to the patient for safety.



② On the word “Go,” begin timing.

If the patient must use his/her arms to stand, stop the test.

Record “0” for the number and score.

③ Count the number of times the patient comes to a full standing position in 30 seconds.

If the patient is over halfway to a standing position when 30 seconds have elapsed, count it as a stand.

④ Record the number of times the patient stands in 30 seconds.

Number: _____

Score: _____

Patient _____

Date _____

Time _____ AM PM

SCORING

Chair Stand Below Average Scores

AGE	MEN	WOMEN
60-64	< 14	< 12
65-69	< 12	< 11
70-74	< 12	< 10
75-79	< 11	< 10
80-84	< 10	< 9
85-89	< 8	< 8
90-94	< 7	< 4

A below average score indicates a risk for falls.

CDC’s STEADI tools and resources can help you screen, assess, and intervene to reduce your patient’s fall risk. For more information, visit www.cdc.gov/steady



Centers for Disease
Control and Prevention
National Center for Injury
Prevention and Control

STEADI Stopping Elderly Accidents,
Deaths & Injuries

ASSESSMENT

Timed Up & Go (TUG)

Purpose: To assess mobility

Equipment: A stopwatch

Directions: Patients wear their regular footwear and can use a walking aid, if needed. Begin by having the patient sit back in a standard arm chair and identify a line 3 meters, or 10 feet away, on the floor.

① Instruct the patient:

When I say “Go,” I want you to:

1. Stand up from the chair.
2. Walk to the line on the floor at your normal pace.
3. Turn.
4. Walk back to the chair at your normal pace.
5. Sit down again.

NOTE:

Always stay by the patient for safety.

② On the word “Go,” begin timing.

③ Stop timing after patient sits back down.

④ Record time.

Time in Seconds:

An older adult who takes ≥ 12 seconds to complete the TUG is at risk for falling.

CDC’s STEADI tools and resources can help you screen, assess, and intervene to reduce your patient’s fall risk. For more information, visit www.cdc.gov/steady

Patient _____

Date _____

Time _____ AM PM

OBSERVATIONS

Observe the patient’s postural stability, gait, stride length, and sway.

Check all that apply:

- Slow tentative pace
- Loss of balance
- Short strides
- Little or no arm swing
- Steadying self on walls
- Shuffling
- En bloc turning
- Not using assistive device properly

These changes may signify neurological problems that require further evaluation.



TAPS

Tobacco, Alcohol, Prescription medication, and other Substance use Tool

The Tobacco, Alcohol, Prescription medication, and other Substance use (TAPS) Tool consists of a combined screening component (TAPS-1) followed by a brief assessment (TAPS-2) for those who screen positive.

This tool:

- Combines screening and brief assessment for commonly used substances, eliminating the need for multiple screening and lengthy assessment tools
- Provides a two stage brief assessment adapted from the NIDA quick screen and brief assessment (adapted ASSIST-lite)
- May be either self-administered directly by the patient or as an interview by a health professional
- Uses an electronic format (available here as an online tool)
- Uses a screening component to ask about frequency of substance use in the past 12 months
- Facilitates a brief assessment of past 3 months problem use to the patient

More Information About This Tool



TAPS : The Tobacco, Alcohol, Prescription medication, and other Substance use (TAPS) Tool

The TAPS Tool has two components. The first component (TAPS-1) is a 4-item screen for tobacco, alcohol, illicit drugs, and non-medical use of prescription drugs. If an individual screens positive on TAPS-1 (i.e., reports other than “never”), the tool will automatically begin the second component (TAPS-2), which consists of brief substance-specific assessment questions (TAPS-2) to arrive at a risk level for that substance. Clinicians are encouraged to provide positive feedback to patients who screen negative and support their choice to abstain from substances. For patients who have a positive screen on the TAPS-1, a brief

assessment (TAPS-2) identifies the specific substance(s) use and risk level, ranging in severity from “problem use” to the more severe substance use disorder (SUD).

Instructions:

These tools can be used by the patient (self-administered) online or administered as an interview by a health professional. Upon completion, the tool will automatically generate a risk level for each substance class. Implications of the score, along with suggested clinician actions and additional resources, will be provided.

Screening Tool Cutoffs and Scoring Thresholds:

The TAPS tool starts with questions about the frequency of use of tobacco, alcohol, and other substances in the past 12 months. Endorsement of any substance use during the initial screening phase (TAPS-1) prompts few additional questions regarding use-related behaviors through a brief assessment (TAPS-2). Scores on these questions generate a risk level per substance endorsed, based on a range of possible scores per substance.

TAPS Score	Risk Category
0	No Use in Past 3 Months
1	Problem Use
2+	Higher Risk

For identifying DSM-5 SUD at the recommended cutoff of 2+, the TAPS Tool has adequate sensitivity (>70%) only for tobacco, alcohol, and marijuana. Further assessment should be conducted for patients with a score of 1+ for other substances. This assessment is a high priority for patients with a TAPS score of 2+, given its high positive predictive value for most substance classes.

Tool Development and Validation:

The above text has extra references in it (the WHO CIDI SAM). The TAPS Tool was compared to a reference standard measure in adult primary care patients and demonstrated adequate psychometric properties.

McNeely J, Wu L, Subramaniam G, Sharma G, Cathers LA, Svikis D, et al. *Performance of the Tobacco, Alcohol, Prescription Medication, and Other Substance Use (TAPS) Tool for Substance Use Screening in Primary Care Patients*. *Ann Intern Med*. 2016;165:690-699. doi: 10.7326/M16-0317

[Developer's JSON API Available Here](#). For additional information on how to use this feed and example code, use this [form](#) to talk with our development team.

Frequently Asked Questions About Screening

Q: Who should use this tool?

A: This screening tool is meant to be used under a medical provider's supervision. It is not intended to guide self-assessment, diagnosis, or treatment decision making. The TAPS tool provides information about risk categories to providers but additional assessments are recommended to confirm diagnosis of a substance use disorder.

Q: Why should I use validated tools?

A: Validated tools are important for an accurate understanding of a patient's risk of substance use disorders and are more likely to correctly identify patients with substance-related problems and disorders.

Q: Is this tool appropriate for the primary care setting?

A: Yes. A recent study demonstrated that this tool was validated in primary care settings for identifying adults with and without problem use/SUDs. Appropriate substance use screening and brief assessment in primary care can

- Normalize discussions about substance use
- Provide opportunities for prevention by reinforcing healthy behaviors
- Assist providers in diagnosing and treating medical and psychiatric conditions
- Inform prescribing practices to avoid overdose and medication interactions
- Identify patients at risk for problem substance use
- Guide brief interventions and treatment recommendations
- Identify patients in need of treatment for a SUD

Q: How much time does the tool take to administer?

A: The tool is designed to be brief and should take fewer than 5 minutes to administer, but

may be completed quicker if the patient does not endorse recent substance use.

Q: Is this provider-administered or patient-administered?

A: It has been found to be valid for both modes of administration, and you may choose an approach that best suits your practice flow and resources. Self-administration is recommended when possible, as it often results in better implementation.

Q: Should I share the results with my patient?

A: Yes. Sharing screening results is the start of a productive conversation with your patient about their substance use, and strategies to reduce their risk. The tool provides information on risk categories, and the results offer guidance to clinicians based on guidance derived from expert consensus.

Q: Where can I find additional tools for higher risk patients?

A: For patients with problem use or a higher risk of SUD, you may wish to use a clinical interview for further assessment. The questions from the [DSM-5](#) SUD criteria can be used as an interview guide. You might also conduct a brief intervention, using the [OARS framework](#) (“Open Questions,” “Affirmations,” “Reflective Listening,” and “Summarizing”) and other motivational interviewing techniques, or a [brief negotiated interview](#).

Also available are two training modules created by NIDA and the American College of Physicians that focus on the principles of patient-centered care, use of evidence-based tools, and offer practical guidance on how to integrate [addressing substance](#) use (Maintenance of Certification (MOC) credit available) and [Motivational Interviewing](#) into your clinical practice.

Q: Can you tell me more about motivational interviewing?

A: Motivational interviewing is a conversational method for talking with your patients about several health issues, including substance use. It is a strategy, based on a high level of evidence, to help engage individuals in making a change in their behaviors. The following resources provide additional information:

- <http://www.motivationalinterviewing.org>
- <https://www.drugabuse.gov/blending-initiative/cme-ce-simulation>

Q: Where can I find more information about referral to specialty care?

A: Clinicians may wish to identify local providers and or specialty care SUD programs to which to refer patients with higher risk levels well before beginning systematic screening. This will greatly assist with finding a suitable referral when the need arises. The Substance Abuse and Mental Health Services Administration's Treatment Locator website provides information about publicly funded SUD treatment facilities:

<https://findtreatment.samhsa.gov/>

Intended use: This screening tool is meant to be used under a medical provider's supervision and is not intended to guide self-assessment or take the place of a healthcare provider's clinical judgment.

This tool may be administered by either the patient or the clinician. Please indicate the mode of administration:

I am the patient I am the clinician



National Institutes of Health – Turning Discovery into Health

NIDA Clinical Trials Network

The Tobacco, Alcohol, Prescription medications, and other Substance (TAPS) Tool

TAPS Tool Part 1

Web Version: 2.0; 4.00; 09-19-17

General Instructions:

The TAPS Tool Part 1 is a 4-item screening for tobacco use, alcohol use, prescription medication misuse, and illicit substance use in the past year. Question 2 should be answered only by males and Question 3 only be females. Each of the four multiple-choice items has five possible responses to choose from. Check the box to select your answer.

Segment:

Visit number:

1. In the PAST 12 MONTHS, how often have you used any tobacco product (for example, cigarettes, e-cigarettes, cigars, pipes, or smokeless tobacco)?

Daily or Almost Daily Weekly Monthly
 Less Than Monthly Never

2. In the PAST 12 MONTHS, how often have you had 5 or more drinks containing alcohol in one day? One standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor. (Note: This question should only be answered by males).

Daily or Almost Daily Weekly Monthly
 Less Than Monthly Never

3. In the PAST 12 MONTHS, how often have you had 4 or more drinks containing alcohol in one day? One standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor. (Note: This question should only be answered by females).

Daily or Almost Daily Weekly Monthly
 Less Than Monthly Never

4. In the PAST 12 MONTHS, how often have you used any drugs including marijuana, cocaine or crack, heroin, methamphetamine (crystal meth), hallucinogens, ecstasy/MDMA?

Daily or Almost Daily Weekly Monthly
 Less Than Monthly Never

5. In the PAST 12 MONTHS, how often have you used any prescription medications just for the feeling, more than prescribed or that were not prescribed for you? Prescription medications that may be used this way include: Opiate pain relievers (for example, OxyContin, Vicodin, Percocet, Methadone) Medications for anxiety or sleeping (for example, Xanax, Ativan, Klonopin) Medications for ADHD (for example, Adderall or Ritalin)

Daily or Almost Daily Weekly Monthly
 Less Than Monthly Never

NIDA Clinical Trials Network

The Tobacco, Alcohol, Prescription medications, and other Substance (TAPS) Tool

TAPS Tool Part 2

Web Version: 2.0; 4.00; 09-19-17

General Instructions:

The TAPS Tool Part 2 is a brief assessment for tobacco, alcohol, and illicit substance use and prescription medication misuse in the PAST 3 MONTHS ONLY. Each of the following questions and subquestions has two possible answer choices- either yes or no. Check the box to select your answer.

1. In the PAST 3 MONTHS, did you smoke a cigarette containing tobacco? Yes No

If "Yes", answer the following questions:

a. In the PAST 3 MONTHS, did you usually smoke more than 10 cigarettes each day? Yes No

b. In the PAST 3 MONTHS, did you usually smoke within 30 minutes after waking? Yes No

2. In the PAST 3 MONTHS, did you have a drink containing alcohol? Yes No

If "Yes", answer the following questions:

a. In the PAST 3 MONTHS, did you have 4 or more drinks containing alcohol in a day?* (Note: This question should only be answered by females). Yes No

b. In the PAST 3 MONTHS, did you have 5 or more drinks containing alcohol in a day?* (Note: This question should only be answered by males). Yes No

*One standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor.

c. In the PAST 3 MONTHS, have you tried and failed to control, cut down or stop drinking? Yes No

d. In the PAST 3 MONTHS, has anyone expressed concern about your drinking? Yes No

3. In the PAST 3 MONTHS, did you use marijuana (hash, weed)? Yes No

If "Yes", answer the following questions:

a. In the PAST 3 MONTHS, have you had a strong desire or urge to use marijuana at least once a week or more often? Yes No

b. In the PAST 3 MONTHS, has anyone expressed concern about your use of marijuana? Yes No

4. In the PAST 3 MONTHS, did you use cocaine, crack, or methamphetamine (crystal meth)? Yes No

If "Yes", answer the following questions:

a. In the PAST 3 MONTHS, did you use cocaine, crack, or methamphetamine (crystal meth) at least once a week or more often? Yes No

b. In the PAST 3 MONTHS, has anyone expressed concern about your use of cocaine, crack, or methamphetamine (crystal meth)? Yes No

5. In the PAST 3 MONTHS, did you use heroin? Yes No

If "Yes", answer the following questions:

a. In the PAST 3 MONTHS, have you tried and failed to control, cut down or stop using heroin? Yes No

b. In the PAST 3 MONTHS, has anyone expressed concern about your use of heroin? Yes No

6. In the PAST 3 MONTHS, did you use a prescription opiate pain reliever (for example, Percocet, Vicodin) not as prescribed or that was not prescribed for you? Yes No

If "Yes", answer the following questions:

a. In the PAST 3 MONTHS, have you tried and failed to control, cut down or stop using an opiate pain reliever? Yes No

b. In the PAST 3 MONTHS, has anyone expressed concern about your use of an opiate pain reliever? Yes No

7. In the PAST 3 MONTHS, did you use a medication for anxiety or sleep (for example, Xanax, Ativan, or Klonopin) not as prescribed or that was not prescribed for you? Yes No

If "Yes", answer the following questions:

a. In the PAST 3 MONTHS, have you had a strong desire or urge to use medications for anxiety or sleep at least once a week or more often? Yes No

b. In the PAST 3 MONTHS, has anyone expressed concern about your use of medication for anxiety or sleep? Yes No

8. In the PAST 3 MONTHS, did you use a medication for ADHD (for example, Adderall, Ritalin) not as prescribed or that was not prescribed for you? Yes No

If "Yes", answer the following questions:

a. In the PAST 3 MONTHS, did you use a medication for ADHD (for example, Adderall, Ritalin) at least once a week or more often? Yes No

b. In the PAST 3 MONTHS, has anyone expressed concern about your use of a medication for ADHD (for example, Adderall or Ritalin)? Yes No

9. In the PAST 3 MONTHS, did you use any other illegal or recreational drug (for example, ecstasy/molly, GHB, poppers, LSD, mushrooms, special K, bath salts, synthetic marijuana ('spice'), whip-its, etc.)? Yes No

If "Yes", answer the following questions:

In the PAST 3 MONTHS, what were the other drug(s) you used?

Comments:

ID: _____ Date: _____

Step 1: Three Word Registration

Look directly at person and say, "Please listen carefully. I am going to say three words that I want you to repeat back to me now and try to remember. The words are [select a list of words from the versions below]. Please say them for me now." If the person is unable to repeat the words after three attempts, move on to Step 2 (clock drawing).

The following and other word lists have been used in one or more clinical studies.¹⁻³ For repeated administrations, use of an alternative word list is recommended.

Version 1	Version 2	Version 3	Version 4	Version 5	Version 6
Banana	Leader	Village	River	Captain	Daughter
Sunrise	Season	Kitchen	Nation	Garden	Heaven
Chair	Table	Baby	Finger	Picture	Mountain

Step 2: Clock Drawing

Say: "Next, I want you to draw a clock for me. First, put in all of the numbers where they go." When that is completed, say: "Now, set the hands to 10 past 11."

Use preprinted circle (see next page) for this exercise. Repeat instructions as needed as this is not a memory test. Move to Step 3 if the clock is not complete within three minutes.

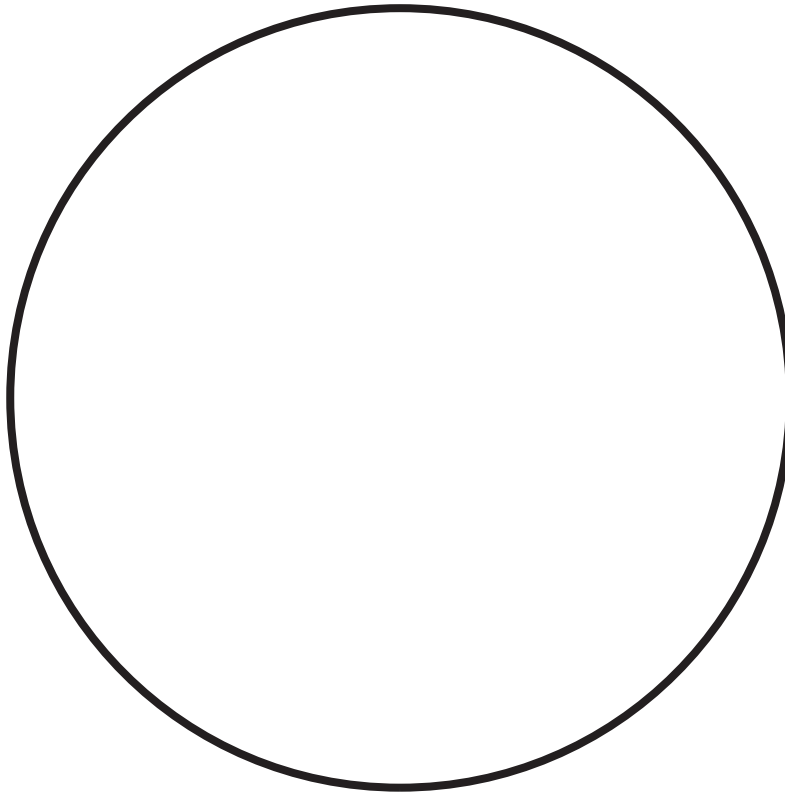
Step 3: Three Word Recall

Ask the person to recall the three words you stated in Step 1. Say: "What were the three words I asked you to remember?" Record the word list version number and the person's answers below.

Word List Version: _____ Person's Answers: _____

Scoring

Word Recall: _____ (0-3 points)	1 point for each word spontaneously recalled without cueing.
Clock Draw: _____ (0 or 2 points)	Normal clock = 2 points. A normal clock has all numbers placed in the correct sequence and approximately correct position (e.g., 12, 3, 6 and 9 are in anchor positions) with no missing or duplicate numbers. Hands are pointing to the 11 and 2 (11:10). Hand length is not scored. Inability or refusal to draw a clock (abnormal) = 0 points.
Total Score: _____ (0-5 points)	Total score = Word Recall score + Clock Draw score. A cut point of <3 on the Mini-Cog™ has been validated for dementia screening, but many individuals with clinically meaningful cognitive impairment will score higher. When greater sensitivity is desired, a cut point of <4 is recommended as it may indicate a need for further evaluation of cognitive status.



References

1. Borson S, Scanlan JM, Chen PJ et al. The Mini-Cog as a screen for dementia: Validation in a population-based sample. *J Am Geriatr Soc* 2003;51:1451-1454.
2. Borson S, Scanlan JM, Watanabe J et al. Improving identification of cognitive impairment in primary care. *Int J Geriatr Psychiatry* 2006;21: 349-355.
3. Lessig M, Scanlan J et al. Time that tells: Critical clock-drawing errors for dementia screening. *Int Psychogeriatr*. 2008 June; 20(3): 459-470.
4. Tsoi K, Chan J et al. Cognitive tests to detect dementia: A systematic review and meta-analysis. *JAMA Intern Med*. 2015; E1-E9.
5. McCarten J, Anderson P et al. Screening for cognitive impairment in an elderly veteran population: Acceptability and results using different versions of the Mini-Cog. *J Am Geriatr Soc* 2011; 59: 309-213.
6. McCarten J, Anderson P et al. Finding dementia in primary care: The results of a clinical demonstration project. *J Am Geriatr Soc* 2012; 60: 210-217.
7. Scanlan J & Borson S. The Mini-Cog: Receiver operating characteristics with the expert and naive raters. *Int J Geriatr Psychiatry* 2001; 16: 216-222.

Differences in Recommendations for Medicare Preventive Screenings* for Older Adults, Compared to US Preventive Services Task Force (USPSTF) A and B Recommendations, November 2021

Screening	Medicare Coverage/USPSTF Recommendation	Frequency
Abdominal aortic aneurysm (AAA) screening	<p>Medicare: for certain risk factors</p> <p>USPSTF: men aged 65-75 who have ever smoked</p>	Once in lifetime
Bone mass measurement (Osteoporosis screening)	Medicare: women who are estrogen-deficient and at risk for osteoporosis, or individuals who have vertebral abnormalities, who are (or will be) receiving glucocorticoids for more than 3 months, who have 1° hyperparathyroidism, or as f/u to osteoporosis therapy	Every 2 years , more frequently if medically necessary
	USPSTF: routine screening only for women ≥ 65, or younger women who are at increased risk	Optimum interval unknown
Breast Cancer screening (mammography)	Medicare: women ≥ 35 years old	Aged 35 – 39: one baseline Aged 40 and older: annual
	USPSTF: women aged 50-74	Every 2 years
Cervical cancer screening (Pap and/or HPV test)	Medicare: Pap - all women HPV test - women 30 – 65 yo	Pap: high risk annually, low risk every two years HPV test: once every 5 years
	<p>USPSTF: Paps for women 21 - 65; no routine screening in adequately screened low risk women > 65 yo.</p> <p>HPV: can be used to extend Pap smear frequency to q5 years for women 30-65</p>	<p>Pap: every 3 yrs for women ages 21-30, and every 3 years (pap only) or 5 years (pap + HPV test) for ages 30 – 65</p> <p>HPV: every 5 years (for 30-65 year olds)</p>
Colorectal cancer screening Fecal Occult Blood (FOB), Stool DNA (sDNA), flexible sigmoidoscopy (flex sig), barium enema (BE), or colonoscopy	Medicare: All aged ≥ 50, or less than 50 years old and high risk for colon cancer (Note: sDNA is only for ave. risk, age 50-85)	<p>FOBT: once every 12 months</p> <p>sDNA: once every 3 years (average risk only)</p> <p>Flex sig or BE: once every 4 years</p> <p>Colonoscopy: ave. risk q10 yrs; high risk q2 yrs</p>
	USPSTF: recommended for all aged 45-75; consider for those 76-85 (C recommendation)	similar options and intervals as covered by Medicare; see website for further details: https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening

*Note: Only includes services for which Medicare coverage differs substantially from USPSTF recommendations; USPSTF recommendations noted in yellow

Differences in Recommendations for Medicare Preventive Screenings* for Older Adults, Compared to US Preventive Services Task Force (USPSTF) A and B Recommendations, November 2021

Screening	Medicare Coverage/USPSTF Recommendation	Frequency
Diabetes screening	Medicare: those with certain risk factors for diabetes or diagnosed with pre-diabetes	Pre-diabetics: twice a year Non-diabetics: once a year
	USPSTF: adults aged 35 to 70 years who are overweight or obese.	Evidence on interval limited; suggest every 3 years.
Lung cancer screening (low dose CT scan)	Medicare: Age 55-77 years with at least 30 pack-year smoking history, currently smoking or quit less than 15 years ago	Annually (must receive counseling and shared decision making visit prior to first time)
	USPSTF: adults 50-80 with 20 pack-year smoking history who currently smoke or who quit within 15 years	Annually
Prostate cancer screening (Prostate Specific Antigen, or "PSA")	Medicare: all males aged \geq 50	Annually
	USPSTF: not routinely recommended; consider for men aged 55-69 after shared decision making (C recommendation), recommends against screening for those 70 and older (D recommendation)	

See the full USPSTF recommendations at <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics> and for more information on Medicare-covered preventive services, see interactive table at <https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html>

*Note: Only includes services for which Medicare coverage differs substantially from USPSTF recommendations; USPSTF recommendations noted in yellow

MEN'S PERSONAL PREVENTIVE PLAN for _____ Date: _____

Preventive Service	Most Recent Date / Result (if indicated)	Date Next Due or Not Indicated (N/I)
Blood Pressure (BP) check	Date _____ BP ____/____ <input type="checkbox"/> Normal <input type="checkbox"/> High <input type="checkbox"/> Low	Next Due _____ <input type="checkbox"/> N/I
Height/Weight and Body Mass Index (BMI)	Date _____ Ht _____ Wt _____ BMI _____ <input type="checkbox"/> Underweight <input type="checkbox"/> Normal <input type="checkbox"/> Overweight <input type="checkbox"/> Obese	Next Due _____ <input type="checkbox"/> N/I
Colon cancer test	Date _____ Test _____ Result _____	Next Due _____ <input type="checkbox"/> N/I
Lung cancer test	Date _____ Result _____	Next Due _____ <input type="checkbox"/> N/I
Prostate cancer test	Date _____	Next Due _____ <input type="checkbox"/> N/I
Blood sugar (diabetes check)	Date _____ Result ____ <input type="checkbox"/> Normal <input type="checkbox"/> Pre-diabetes <input type="checkbox"/> Diabetes	Next Due _____ <input type="checkbox"/> N/I
Bone density test (DEXA)	Date _____ <input type="checkbox"/> Normal <input type="checkbox"/> Osteopenia <input type="checkbox"/> Osteoporosis	Next Due _____ <input type="checkbox"/> N/I
Cholesterol test	Date _____ Total ____ LDL ____ HDL ____	Next Due _____ <input type="checkbox"/> N/I
Hepatitis C Virus test	Date _____	Next Due _____ <input type="checkbox"/> N/I
HIV/STD tests	Date _____	Next Due _____ <input type="checkbox"/> N/I
Vision/Glaucoma test	Date _____	Next Due _____ <input type="checkbox"/> N/I
Influenza (flu) vaccine	Date _____	Next Due _____ <input type="checkbox"/> N/I
Pneumonia vaccine	Conjugate Vaccines: PCV15 Date _____ PCV20 Date _____ Polysaccharide Vaccine (PPSV23) Date _____	Next Due _____ <input type="checkbox"/> N/I
Tetanus vaccine (recommended but may not covered by Part B)	Tetanus /diphtheria (Td) Date _____ Tetanus/ diphtheria/ pertussis (Tdap) Date _____	Next Due _____ <input type="checkbox"/> N/I
Shingles vaccine (recommended but not covered by Part B)	Date first dose _____ Date second dose _____	Next Due _____ <input type="checkbox"/> N/I
COVID-19 vaccine	Type: _____ Dates: _____	Next Due _____ <input type="checkbox"/> N/I

Things that may be affecting my health	Information to review	Referral/action
<input type="checkbox"/> Poor diet	<input type="checkbox"/> Healthy Eating brochure <input type="checkbox"/> My Plate for Older Adults	<input type="checkbox"/> See a dietician <input type="checkbox"/> ↑fruits and vegetables <input type="checkbox"/> ↑whole grains/fiber <input type="checkbox"/> ↓ salt intake <input type="checkbox"/> ↓saturated fats
<input type="checkbox"/> Obesity	<input type="checkbox"/> See above	<input type="checkbox"/> Lose ____ pounds
<input type="checkbox"/> Alcohol consumption	<input type="checkbox"/> Alcohol Use in Older Adults brochure	<input type="checkbox"/> Reduce alcohol intake to _____
<input type="checkbox"/> Smoking	<input type="checkbox"/> Tobacco Cessation Services	<input type="checkbox"/> Sign up for “Quit Smoking” class
<input type="checkbox"/> Not enough exercise	<input type="checkbox"/> Brochures (Physical Activity, Workout to Go, Strong and Steady) <input type="checkbox"/> https://www.nia.nih.gov/health/exercise-physical-activity	<input type="checkbox"/> ↑ activity to ____ min ____ times/week <input type="checkbox"/> Do strengthening/balance/flexibility exercises 2x/week <input type="checkbox"/> Sign up for exercise class at senior center
<input type="checkbox"/> Not enough sleep	<input type="checkbox"/> Sleep and Older Adults brochure	<input type="checkbox"/> Try to sleep at least 7 hours/night
<input type="checkbox"/> Not taking medicine(s) correctly	<input type="checkbox"/> Safe Use of Medicine brochure	<input type="checkbox"/> Follow medicine instructions
<input type="checkbox"/> Problem with balance/walking or history of falls	<input type="checkbox"/> Strong and Stable Brochure <input type="checkbox"/> Balance Basics Brochure	<input type="checkbox"/> Do “Strong and Stable” exercises twice a week <input type="checkbox"/> Do “Balance Basics” exercises twice a week <input type="checkbox"/> Physical therapy evaluation
<input type="checkbox"/> Risky sexual activity	<input type="checkbox"/> Sexuality in Later Life brochure	<input type="checkbox"/> Use condoms <input type="checkbox"/> Have fewer partners
<input type="checkbox"/> Problem seeing	<input type="checkbox"/> Aging and Your Eyes brochure	<input type="checkbox"/> See the eye doctor
<input type="checkbox"/> Problems with memory	<input type="checkbox"/> Forgetfulness brochure	<input type="checkbox"/> Further memory tests <input type="checkbox"/> Alzheimer’s Orange County
<input type="checkbox"/> Problems with teeth/mouth	<input type="checkbox"/> Taking Care of Your Teeth and Mouth brochure	<input type="checkbox"/> See the dentist <input type="checkbox"/> Floss daily
<input type="checkbox"/> Depression/Anxiety/stress	<input type="checkbox"/> Depression brochure	
<input type="checkbox"/> Safety risks in home	https://www.ncoa.org/article/18-steps-to-fall-proofing-your-home	<input type="checkbox"/> items to address:
<input type="checkbox"/> Other _____		
<input type="checkbox"/> Other _____		
<input type="checkbox"/> Other _____		

Action Plan: The first thing I will work on will be (choose **one** goal) _____, and I will do (choose **one** action) _____. Signed: _____ Date: _____

WOMEN'S PERSONAL PREVENTIVE PLAN for _____ Date: _____

Preventive Service	Most Recent Date / Result (if indicated)	Date Next Due or Not Indicated (N/I)
Blood Pressure (BP) check		Next Due _____ <input type="checkbox"/> N/I
Height/Weight and Body Mass Index (BMI)	Date _____ Ht _____ Wt _____ BMI _____ <input type="checkbox"/> Underweight <input type="checkbox"/> Normal <input type="checkbox"/> Overweight <input type="checkbox"/> Obese	Next Due _____ <input type="checkbox"/> N/I
Colon cancer screening	Date _____ Test _____ Result _____	Next Due _____ <input type="checkbox"/> N/I
Lung cancer screening	Date _____ Result _____	Next Due _____ <input type="checkbox"/> N/I
Mammogram	Date _____ Result _____	Next Due _____ <input type="checkbox"/> N/I
Pap Smear	Date _____ Result _____	Next Due _____ <input type="checkbox"/> N/I
Blood sugar (diabetes check)	Date _____ Result _____ <input type="checkbox"/> Normal <input type="checkbox"/> Pre-diabetes <input type="checkbox"/> Diabetes	Next Due _____ <input type="checkbox"/> N/I
Bone density test (DEXA)	Date _____ <input type="checkbox"/> Normal <input type="checkbox"/> Osteopenia <input type="checkbox"/> Osteoporosis	Next Due _____ <input type="checkbox"/> N/I
Cholesterol test	Date _____ Total _____ LDL _____ HDL _____	Next Due _____ <input type="checkbox"/> N/I
Hepatitis C Virus test	Date _____	Next Due _____ <input type="checkbox"/> N/I
HIV/STD tests	Date _____	Next Due _____ <input type="checkbox"/> N/I
Vision/Glaucoma test	Date _____	Next Due _____ <input type="checkbox"/> N/I
Influenza (flu) vaccine	Date _____	Next Due _____ <input type="checkbox"/> N/I
Pneumonia vaccine	Conjugate Vaccines: PCV15 Date _____ PCV20 Date _____ Polysaccharide Vaccine (PPSV23) Date _____	Next Due _____ <input type="checkbox"/> N/I
Tetanus vaccine (recommended but not covered by Part B)	Tetanus /diphtheria (Td) Date _____ Tetanus/ diphtheria/ pertussis (Tdap) Date _____	Next Due _____ <input type="checkbox"/> N/I
Shingles vaccine (recommended but not covered by Part B)	Date first dose _____ Date second dose _____	Next Due _____ <input type="checkbox"/> N/I
COVID-19 vaccine	Type: _____ Dates: _____	Next Due _____ <input type="checkbox"/> N/I

Things that may be affecting my health	Information to review	Referral/action
<input type="checkbox"/> Poor diet	<input type="checkbox"/> Healthy Eating brochure <input type="checkbox"/> My Plate for Older Adults	<input type="checkbox"/> See a dietician <input type="checkbox"/> ↑fruits and vegetables <input type="checkbox"/> ↑whole grains/fiber <input type="checkbox"/> ↓ salt intake <input type="checkbox"/> ↓saturated fats
<input type="checkbox"/> Obesity	<input type="checkbox"/>	<input type="checkbox"/> Lose ____ pounds
<input type="checkbox"/> Alcohol consumption	<input type="checkbox"/> Alcohol Use in Older Adults brochure	<input type="checkbox"/> Reduce alcohol intake to _____
<input type="checkbox"/> Smoking	<input type="checkbox"/> Tobacco Cessation Services	<input type="checkbox"/> Sign up for “Quit Smoking” class
<input type="checkbox"/> Not enough exercise	<input type="checkbox"/> Brochures (Physical Activity, Workout to Go, Strong and Steady) <input type="checkbox"/> https://www.nia.nih.gov/health/exercise-physical-activity	<input type="checkbox"/> ↑ activity to ____ min ____ times/week <input type="checkbox"/> Do strengthening/balance/flexibility exercises 2x/week <input type="checkbox"/> Sign up for exercise class at senior center
<input type="checkbox"/> Not enough sleep	<input type="checkbox"/> Sleep and Older Adults brochure	<input type="checkbox"/> Try to sleep at least 7 hours/night
<input type="checkbox"/> Not taking medicine(s) correctly	<input type="checkbox"/> Safe Use of Medicine brochure	<input type="checkbox"/> Follow medicine instructions
<input type="checkbox"/> Problem with balance/walking or history of falls	<input type="checkbox"/> Strong and Stable Brochure <input type="checkbox"/> Balance Basics Brochure	<input type="checkbox"/> Do “Strong and Stable” exercises twice a week <input type="checkbox"/> Do “Balance Basics” exercises twice a week <input type="checkbox"/> Physical therapy evaluation
<input type="checkbox"/> Risky sexual activity	<input type="checkbox"/> Sexuality in Later Life brochure	<input type="checkbox"/> Use condoms <input type="checkbox"/> Have fewer partners
<input type="checkbox"/> Problem seeing	<input type="checkbox"/> Aging and Your Eyes brochure	<input type="checkbox"/> See the eye doctor
<input type="checkbox"/> Problems with memory	<input type="checkbox"/> Forgetfulness brochure	<input type="checkbox"/> Further memory tests <input type="checkbox"/> Alzheimer’s Orange County
<input type="checkbox"/> Problems with teeth/mouth	<input type="checkbox"/> Taking Care of Your Teeth and Mouth brochure	<input type="checkbox"/> See the dentist <input type="checkbox"/> Floss daily
<input type="checkbox"/> Depression/Anxiety/stress	<input type="checkbox"/> Depression brochure	
<input type="checkbox"/> Safety risks in home	https://www.ncoa.org/article/18-steps-to-fall-proofing-your-home	<input type="checkbox"/> items to address:
<input type="checkbox"/> Other _____		
<input type="checkbox"/> Other _____		
<input type="checkbox"/> Other _____		

Action Plan: The first thing I will work on will be (choose **one** goal) _____, and I will do (choose **one** action) _____. Signed: _____ Date: _____

Office on Aging Information Line

1-800-510-2020

1-714-480-6450

Hours: Monday—Friday
8:00am—5:00pm
Voicemail available after hours

Languages: English, Spanish, and Vietnamese speaking call center staff; over 250 languages available through a third-party interpreter service.

Resource Linkage: Information, referrals and assistance are provided free of charge. The programs and resources referrals may have charges associated with their services.

Information on many services, such as:

Adult Day Care	Housing/Shelter
Bereavement/Burial Assistance	In-Home Services
Case Management	Insurance
Dementia Support	Legal Services
Disability Services	Meals/Food
Emergency Hotlines	Recreation/Sports/Learning
Employment/Volunteerism	Safety
Fall Prevention	Senior Centers
Financial Assistance	Transportation
Health Education	Veteran's Services
Home Modification/RepairAnd Much More.

Website:



Adult Day Services

An Untapped Resource

When a mom, dad, aunt, uncle or other loved one cannot meet their own needs independently, family resources are called upon. The strongest families and the most committed often do not realize that their energies can be depleted by the care and attention a loved one in crisis needs.

Adult Day Care Centers offer elderly and disabled populations a social environment where they can also receive care. Centers serve people with chronic disabling conditions such as Alzheimer's disease, dementia, COPD, Parkinson's disease, social isolation, Diabetes, Hypertension, Congestive heart failure and other medical conditions that require care. Compassionate care gives family members and caregivers peace of mind and time to tend to work and personal business.

Adult Day Care Center Services

<i>Counseling</i>	<i>Physician Liaison</i>
<i>Caregiver Support</i>	<i>Recreation</i>
<i>Education</i>	<i>Respite care</i>
<i>Exercise</i>	<i>Socialization</i>
<i>Meals</i>	<i>Supervision</i>
<i>Nutrition Counseling</i>	<i>Transportation</i>
<i>Physical, occupational and speech therapy</i>	<i>Medication Management</i>

Adult day care participants often can delay or prevent institutionalization and benefit from the enhanced self-esteem that comes through peer engagement. Two types of Centers are available. Social Day Care Centers primarily provide supervision and socialization. Health Day Care Centers offer supervision, socialization and health related services.



The Orange County Adult Day Services Coalition is a nonprofit collaborative of licensed adult day care providers in Orange County. Our mission is to ensure quality care for frail elders, disabled adults, and caregivers. Members are committed to the highest standards of care.

Call us today at
1-800-510-2020 or visit
www.ocadultdayservices.org



Frequently Asked Questions

What is an Adult Day Service Center?

Adult Day Service Centers are community programs that provide daytime care for frail elders and disabled adults who need supervision, structured activities, or health care monitoring.

What Kind of Services Are Available?

There are two types of adult day care centers. Social Day Care Centers provide supervised social activity. A typical day might include current events, music, art, physical exercise, lunch, snacks, a field trip or special holiday program. Caregiver support is also provided.

Health Care Centers serve those who have complex medical, physical and cognitive conditions that require nursing care and medical oversight. Health Care Centers provide health care, personal care and occupational, physical and speech therapy as directed by the participant's personal physician.

Are Centers Licensed?

Health Care Centers are licensed by the Department of Public Health and MediCal certified by the Department of Aging. Social Day Care Centers are licensed by the State Department of Social Services

When Are Services Available?

Most Centers provide care 8:00 a.m. to 5:00 p.m., Monday – Friday. Please inquire with the Center you are interested in to verify.

How Much Do These Services Cost?

Costs vary based on several factors including which type of care is selected. Often insurance, government programs such as MediCal, or Veterans Administration may cover the cost of some care. Centers work with families so that no one is turned away because of financial considerations.

Is Transportation Available?

Most Health Day Care Centers and Social Day Care Centers work with families to coordinate transportation.

Please visit our Web site at www.ocadultdayservices.org, where you will find more information about day care, caregiver tips, and other resources.



Coalition Members

Acacia Adult Day Services Center
Garden Grove
www.Acacia-services.org

AltaMed Cypress Adult Day
Healthcare Center (ADHC)
www.altamed.org

Alzheimer's Family Services Center
Huntington Beach
www.AFSCenter.org

Commonwealth Adult Day Health
Care Center
Buena Park
www.commonwealthadhc.com

Community SeniorServ, Inc. (CSS)
Adult Day Health Care Centers
www.communityseniorserv.com
CSS – Anaheim
CSS – Santa Ana/Tustin
CSS – Buena Park Senior
Day Care Center

Easter Seals Senior Adult Day Services
Brea
www.southernca.easterseals.com

Irvine Adult Day Health Services, Inc.
Irvine
www.irvineadhs.org

Mount of Olives Senior Day Care Center
Mission Viejo
www.adcc.moochurch.org

Rehabilitation Institute of
Southern California (RIO)
Adult Day Health Care Centers
www.rio-rehab.com

RIO – Fullerton
RIO – Orange
Leo Fessenden Adult Day Health
Care Center – San Clemente

South County Adult Day Services
Laguna Woods
www.AgeWellSeniorsServices.org

Sultan Adult Day Health Care
Anaheim
www.sultanadhc.com

Wise Silver Center
Santa Ana
www.wisesilvercenter.org

Community- Based Adult Services (CBAS) Centers in Orange County

Center Name	Center Address	Contact & Fax Numbers	County	Languages	Speciality/Services
ABC Westminster Day Health Center	202 Hospital Circle Westminster, CA 92683	Phone: 714-894-5880 Fax: 714-894-5879	Orange	Vietnamese & Chinese	ADHC
ABC Santa Ana Day Health Center	206 West 15th Street, Santa Ana, CA 92701	Phone:657-210-2379 Fax:657-210-2376	Orange	English & Spanish	ADHC
Healthy Aging Center: Acacia	11391 Acacia Parkway Garden Grove, CA 92840	Phone: 714-530-1566 Fax: 714-530-1592	Orange	English, Spanish, Vietnamese, Korean & Chinese	ADHC & Adult Day Services
Alzheimer's Family Services Center	9451 Indianapolis Avenue Huntington Beach, CA 92646	Phone: 714-593-9630 Fax: 714-593-9632	Orange	English, Spanish & Vietnamese	Severe or Late-Stage Dementia & Alzheimer's Disease
Meals on Wheels Orange County- Anaheim	1158 North Knollwood Circle Anaheim, CA 92801	Phone: 714-220-0224 Fax: 714-220-1406	Orange	English & Spanish	ADHC
Commonwealth Adult Day Health Care Center	7811 Commonwealth Avenue Buena Park, CA 90621	Phone: 714-522-4960 Fax: 714-522-4961	Orange	English & Korean	ADHC
Cypress Adult Day Health Care Center	4470 Lincoln Avenue, Suite 1-3 Cypress, CA 90630	Phone: 714-826-9664 Fax: 714-826-9614	Orange	Spanish, Tagalog & Mandarin	ADHC
Evergreen World ADHC	9856 Westminster Avenue Garden Grove, CA 92877	Phone: 714-638-1818 Fax: 714-638-3828	Orange	Vietnamese & Chinese	ADHC
Happy (Brea) Adult Day Health Care	401 West Whittier Boulevard, Suite 201, La Habra, CA 90631	Phone: 562-266-3736 Fax: 562-266-3664	Orange	Mandarin, Taiwanese, Cantonese & Spanish	ADHC
Helping Hands for Better Living	10281 Chapman Avenue Garden Grove, CA 92840	Phone: 714-530-4489 Fax: 714-530-9917	Orange	Spanish, Vietnamese, Chinese, Japanese & Thai	Developmental Disability
Irvine Adult Day Health Services	20 Lake Road Irvine, CA 92604	Phone: 949-262-1123 Fax: 949-551-0841	Orange	English, Farsi, Arabic, Hindi, Mandarin, Taiwanese, Spanish, Russian, German, French & Vietnamese	ADHC & Adult Day Services
New Life Adult Day Health Care Center	716 South Beach Boulevard, Anaheim, CA 92804	Phone: 714-828-7898 Fax:714-828-3898	Orange	Korean	ADHC
Regent West ADHC	8341 Garden Grove Boulevard, Garden Grove, CA 92844	Phone: 714-530-9992 Fax: 888-433-2104	Orange	Korean	ADHC
Reimagine Fullerton Campus	130 Laguna Road Fullerton, CA 92835	Phone: 714-680-6060 Fax: 714-276-0540	Orange	English & Spanish	Cognitive Impairment and Traumatic Brain Injury
Reimagine Orange Campus	1800 East La Veta Avenue Orange, CA 92866	Phone: 714-633-7400 Fax: 714-633-0738	Orange	English, Spanish, Vietnamese & Tagalog	Cognitive Impairment, Traumatic Brain Injury & Developmental Disability

Community- Based Adult Services (CBAS) Centers in Orange County

Center Name	Center Address	Contact & Fax Numbers	County	Languages	Speciality/Services
Reimagine San Clemente Campus	2021 Calle Frontera San Clemente, CA 92673	Phone: 949-498-7671 Fax: 949-361-3361	Orange	English & Spanish	Intellectual Disability, Down's Syndrome, Dementia and Alzheimer's Disease
Meals on Wheels Orange County- Santa Ana	1101 South Grand Avenue, Suite K Santa Ana, CA 92705	Phone: 714-558-1216 Fax: 714-564-0386	Orange	English & Spanish	ADHC
Meals on Wheels Orange County-Buena Park	8150 Knott Avenue Buena Park, CA 90620	Phone: 714-826-3163 Fax: 714-826-3163	Orange	English & Spanish	ADHC
Sarang Adult Day Health Care	5171 Lincoln Avenue Cypress, CA 90630	Phone: 714-236-0852 Fax: 714-236-0021	Orange	Korean	ADHC
Healthy Aging Center: Laguna Woods	24260 El Toro Road, Laguna Woods, CA 92637	Phone: 949-855-9444 Fax: 949-855-4093	Orange	English, Spanish, Tagalog, Korean, Mandarin & Farsi	ADHC & Adult Day Services
Sultan Adult Day Health Care Center	125 W. Cerritos Avenue Anaheim, CA 92805	Phone: 714-778-9000 Fax: 877-641-0513	Orange	English, Farsi, Arabic, & Spanish	ADHC

Community Based Adult Services (CBAS) Centers in Orange County

Center Name	Center Address	Contact & Fax Numbers	County	Languages	Speciality/Services
ABC Westminster Day Health Center	202 Hospital Circle Westminster, CA 92683	Phone: 714-894-5880 Fax: 714-894-5879	Orange	Vietnamese & Chinese	ADHC
Acacia Adult Day Services	11391 Acacia Parkway Garden Grove, CA 92840	Phone: 714-530-1566 Fax: 714-530-1592	Orange	English, Spanish, Vietnamese, Korean & Chinese	ADHC & Adult Day Services
Alzheimer's Family Services Center	9451 Indianapolis Avenue Huntington Beach, CA 92646	Phone: 714-593-9630 Fax: 714-593-9632	Orange	English, Spanish & Vietnamese	Severe or Late-Stage Dementia & Alzheimer's Disease
Anaheim VIP Adult Day Health Care	1158 North Knollwood Circle Anaheim, CA 92801	Phone: 714-220-2114 Fax: 714-220-1406	Orange	English & Spanish	ADHC
Commonwealth Adult Day Health Care Center	7811 Commonwealth Avenue Buena Park, CA 90621	Phone: 714-522-4960 Fax: 714-522-4961	Orange	English & Korean	ADHC
Cypress Adult Day Health Care Center	4470 Lincoln Avenue, Suite 1-3 Cypress, CA 90630	Phone: 714-826-9664 Fax: 714-826-9614	Orange	Spanish, Tagalog & Mandarin	ADHC
Evergreen World ADHC	9856 Westminster Avenue Garden Grove, CA 92877	Phone: 714-638-1818 Fax: 714-638-3828	Orange	Vietnamese & Chinese	ADHC
Happy (Brea) Adult Day Health Care	596 Apollo Street, Brea, CA 92821	Phone: 714-990-0333 Fax: 714-990-0368	Orange	Mandarin, Taiwanese, Cantonese & Spanish	ADHC
Helping Hands for Better Living	10281 Chapman Avenue Garden Grove, CA 92840	Phone: 714-530-4489 Fax: 714-530-9917	Orange	Spanish, Vietnamese, Chinese, Japanese & Thai	Developmental Disability
Irvine Adult Day Health Services	20 Lake Road Irvine, CA 92604	Phone: 949-262-1123 Fax: 949-551-0841	Orange	English, Farsi, Arabic, Hindi, Mandarin, Taiwanese, Spanish, Russian, German, French & Vietnamese	ADHC & Adult Day Services
New Life Adult Day Health Care Center-Artesia	716 S. Beach Blvd., Anaheim, CA 92804	Phone: 714-828-7898 Fax: 714-828-3898	Orange	Korean	ADHC
Regent West ADHC	8341 Garden Grove Blvd., Garden Grove, CA 92844	Phone: 714-530-9992 Fax: 888-433-2104	Orange	Korean	ADHC
Rehabilitation Institute of Southern California (Fullerton)	130 Laguna Road Fullerton, CA 92835	Phone: 714-680-6060 Fax: 714-871-3640	Orange	English & Spanish	Cognitive Impairment and Traumatic Brain Injury
Rehabilitation Institute of Southern California (Orange)	1800 East La Veta Avenue Orange, CA 92866	Phone: 714-633-7400 Fax: 714-633-0738	Orange	English, Spanish, Vietnamese & Tagalog	Cognitive Impairment, Traumatic Brain Injury & Developmental Disability
RIO San Clemente-Leo Fessenden	2021 Calle Frontera San Clemente, CA 92673	Phone: 949-498-7671 Fax: 949-361-3361	Orange	English & Spanish	Intellectual Disability, Down's Syndrome, Dementia and Alzheimer's Disease

Community Based Adult Services (CBAS) Centers in Orange County

Center Name	Center Address	Contact & Fax Numbers	County	Languages	Speciality/Services
Santa Ana/Tustin VIP Adult Day Health Care	1101 South Grand Avenue, Suite K Santa Ana, CA 92705	Phone: 714-558-1216 Fax: 714-564-0386	Orange	English & Spanish	ADHC
Sarang Adult Day Health Care	5171 Lincoln Avenue Cypress, CA 90630	Phone: 714-236-0852 Fax: 714-236-0021	Orange	Korean	ADHC
South County Adult Day Services	24300 El Toro Road, Bldg A, Ste 2000 Laguna Woods, CA 92637	Phone: 949-855-9444 Fax: 949-855-4093	Orange	English, Spanish, Tagalog, Korean, Mandarin & Farsi	ADHC & Adult Day Services
Sultan Adult Day Health Care Center	125 W. Cerritos Avenue Anaheim, CA 92805	Phone: 714-778-9000 Fax: 877-641-0513	Orange	English, Farsi, Arabic, & Spanish	ADHC

CBAS Centers in Neighboring Counties

Center Name	Center Address	Contact & Fax Numbers	County	Languages	Speciality/Services
GetTogether Adult Day Health Care	16636 South Crenshaw Blvd. Torrance, CA 90504	Phone: 310-965-0110 Fax: 310-527-2027	Los Angeles	English, Russian, Mandarin, Arabic, Farsi & Spanish	ADHC
HMS ADHC	740 E. Washington Blvd. Pasadena, CA 91104	Phone: 626-345-1240 Fax: 626-345-1335	Los Angeles	English, Spanish & Arabic	ADHC
Home Avenue Adult Day Health Care	8114 Telegraph Road Downey, CA 90240	Phone: 562-927-7660 Fax: 562-927-6455	Los Angeles	English, Spanish, Tagalog & Cantonese	Mental Health and Dementia
Joy ADHC	12110 Firestone Blvd, Norwalk, CA 90650	Phone: 562-807-2244 Fax: 562-807-2274	Los Angeles	Korean	ADHC
Joyful Adult Day Health Care	18951 Colima Rd Rowland Heights, CA 91748	Phone: 626-333-2222 Fax: 626-369-8926	Los Angeles	Mandarin, Cantonese, Taiwanese & Korean	ADHC
La Puente Adult Day Health Care	656 Glendora Ave La Puente, CA 91744	Phone: 626-369-1113 Fax: 626-934-7986	Los Angeles	Mandarin & Cantonese	ADHC
Life Sharing Health Care- Norwalk	13000 San Antonio Dr., Room 6 Norwalk, CA 90650	Phone: 562- 929-4345 Fax: 562-929-4374	Los Angeles	English & Spanish	Developmental Disability
Spring Adult Day Health Care	19648 Camino De Rosa, Walnut, CA 91789	Phone: 626-965-7833 Fax: 626-964-5483	Los Angeles	English, Korean, Mandarin & Indian	ADHC
Well and Fit Adult Day Health Care Center	820 N. Diamond Bar Blvd Diamond Bar, CA 91765	Phone: 909-860-0061 Fax: 909-860-6801	Los Angeles	Mandarin	ADHC
Whittier Adult Day Health Care Center	14268 E. Telegraph Road Whittier, CA 90604	Phone: 562-944-6986 Fax: 562-944-3748	Los Angeles	English, Spanish & Tagalog	Mental Health & Developmental Disability
St. Christopher Adult Day Health Care Center	4180 Green River Rd Corona, CA 92880	Phone: 951-549-6060 Fax: 951-549-6064	Riverside	English	Mental Health

Council On Aging - Southern California

Helping Seniors Remain Healthy, Connected & Protected



Who We Are

The Council on Aging - Southern California has been a trusted nonprofit organization since 1973. We provide unbiased information, programs and services to more than 275,000 adults and families annually.

We promote the independence, health and dignity of adults through compassion, education and advocacy.

Aging Impacts Us All

Whether you are in need of assistance navigating the aging experience or facing a crisis with a parent or loved one, the Council on Aging is here to help. We offer a range of no-cost services and programs.

CALL US — WE CAN HELP

Our offices are open Monday through Friday from 8am to 5pm.

Our programs are offered in multiple languages to support our multicultural communities.

 (714) 479-0107 |  www.coasc.org

What We Do

Our programs and services provide adults and their families:

- ▶ Empowerment to tackle life's aging challenges
- ▶ Knowledge and support to navigate the complexities of Medicare
- ▶ Advocacy for residents in long-term care facilities
- ▶ Education and protection from financial predators
- ▶ Resources on aging and caregiving
- ▶ Friendship to combat isolation and loneliness
- ▶ Integration into community activities to support mental health



Council on Aging
Southern California

Council on Aging Programs

Direct Services for Adults and Their Families



- ▶ **Answers Guide** – Yearly publication filled with information on healthcare, caregiving, finance, legal and Medicare comparison charts for Orange County.
- ▶ **Benefits Enrollment Centers (BEC)** – Helps Medicare beneficiaries with low-income benefit program information and application assistance.
- ▶ **Education** – Seminars on topics such as Medicare, long-term care and safety.
- ▶ **Friendly Visitor Program** – Provides companionship and social support to isolated, frail adults in Orange County.
- ▶ **Health Insurance Counseling and Advocacy Program (HICAP)** – Provides free, unbiased, individual Medicare counseling and seminars.
- ▶ **Long-Term Care Ombudsman Program** – Advocates for the rights of Orange County's older and disabled adults living in skilled nursing and residential care facilities.
- ▶ **ReConnect Program** – Assists Orange County's adults age 60+ to manage and improve their emotional health and overall well-being.
- ▶ **Senior Protection Program & FAST** – Educational seminars to help you avoid financial predators and limited consultation on matters of abuse.
- ▶ **SmileMakers Guild** – Mobilizes community support and provides holiday gifts to over 5,000 residents in long-term care facilities in Orange County.
- ▶ **Volunteer Opportunities** – Learn about volunteering during our Changing Lives Tour offered the third Wednesday of every month.

88%

**OF EVERY DOLLAR SPENT
DIRECTLY SUPPORTS OUR
PROGRAMS & SERVICES**

We are funded by individuals, businesses, grants, and government programs.
**VOLUNTEER AND LEARN MORE AT
WWW.COASC.ORG**



**Council
on Aging**
Southern California

2 Executive Circle, Suite 175
Irvine, CA 92614
(714) 479-0107
(All Programs)

9121 Haven Avenue, Suite 220
Rancho Cucamonga, CA 91730
(909) 256-8369
(HICAP & BEC Programs)

119 Mac Iver Street, Suite B
Bishop, CA 93514
(760) 872-2043
(HICAP & BEC Programs)

Senior Protection Program & Financial Abuse Specialist Team (FAST)

Education and Empowerment Against Financial Abuse



Who We Are

The Council on Aging – Southern California has been a trusted nonprofit organization since 1973. We provide unbiased information, programs and services to more than 275,000 adults and families annually.

Financial abuse is the fastest growing and least reported form of abuse. Our Senior Protection Program helps you recognize and guard yourself from financial predators.

Are You Vulnerable To Financial Abuse?

Financial abuse occurs when someone illegally or improperly uses another persons' money or property. If you suspect that you or someone you know is being financially abused, REPORT IT!

- ▶ Call Adult Protective Services (APS) for individuals living independently: **(800) 451-5155**
- ▶ Call the Long-Term Care Ombudsman Program for individuals living in a facility: **(800) 300-6222**
- ▶ Report suspicions of abuse to local law enforcement: www.ocgov.com/residents/law/safety/police
- ▶ Report scams to the FTC: www.ftccomplaintassistant.gov or **(877) 382-4357**

What We Do

We provide free outreach and training regarding:

- ▶ Protection against scams and fraud
- ▶ Protecting your assets
- ▶ Powers of attorney and advanced healthcare directives
- ▶ Community resources

We advise APS, Ombudsmen, law enforcement and attorneys in matters of complicated financial abuse.

FAST is a volunteer based organization that meets on a monthly basis with Adult Protective Services (APS) and the Long-Term Care Ombudsmen to offer information in the areas of law, criminal investigation, civil litigation, guardianship, fiduciary matters, banking and accounting, real estate property, insurance and senior services.

CALL US FOR GUIDANCE

 **(714) 479-0107**  **www.coasc.org**



Senior Protection & FAST
a Program of Council on Aging

Council on Aging Programs

Helping Seniors Remain Healthy, Connected & Protected



- ▶ **Answers Guide** – Yearly publication filled with information on healthcare, caregiving, finance, legal and Medicare comparison charts for Orange County.
- ▶ **Health Insurance Counseling and Advocacy Program (HICAP)** – Provides free, unbiased, individual Medicare counseling and seminars.
- ▶ **Senior Protection Program & FAST** – Educational seminars to help you avoid financial predators and limited consultation on matters of abuse.
- ▶ **Benefits Enrollment Centers (BEC)** – Helps Medicare beneficiaries with low-income benefit program information and application assistance.
- ▶ **Long-Term Care Ombudsman Program** – Advocates for the rights of Orange County's older and disabled adults living in skilled nursing and residential care facilities.
- ▶ **SmileMakers Guild** – Mobilizes community support and provides holiday gifts to over 5,000 residents in long-term care facilities in Orange County.
- ▶ **Education** – Seminars on topics such as Medicare, long-term care and safety.
- ▶ **ReConnect Program** – Assists Orange County's adults age 60+ to manage and improve their emotional health and overall well-being.
- ▶ **Friendly Visitor Program** – Provides companionship and social support to isolated, frail adults in Orange County.
- ▶ **Volunteer Opportunities** – Learn about volunteering during our Changing Lives Tour offered the third Wednesday of every month.

88%

**OF EVERY DOLLAR SPENT
DIRECTLY SUPPORTS OUR
PROGRAMS & SERVICES**

We are funded by individuals, businesses, grants, and government programs.
**VOLUNTEER AND LEARN MORE AT
WWW.COASC.ORG**



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Southern California

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(714) 479-0107
(All Programs)

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119 Mac Iver Street, Suite B
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Friendly Visitor Program – Caring Connections

Support and Friendship for Isolated Adults



Who We Are

The Council on Aging – Southern California has been a trusted nonprofit organization since 1973. We provide unbiased information, programs and services to more than 275,000 adults and families annually.

Our Friendly Visitor Program prevents and alleviates the physical and mental health challenges of isolated, older adults and individuals with disabilities who lack an adequate support system.

Our program offers case management services and a supportive safety net of prescreened, trained volunteers who provide weekly home visits and telephone checkups.

Eligibility

- ▶ Older or dependent adults 18 years and above
- ▶ Frail and/or homebound
- ▶ Inadequate support system
- ▶ Willing to participate in the program

What We Do

Our program offers ongoing socialization services to isolated adults and seniors. Services are provided at no cost to participants and include:

- ▶ Comprehensive screenings
- ▶ In-home case management services
- ▶ Individual care plan
- ▶ Coordination of care
- ▶ Participant and family education
- ▶ Short-term in-home therapy as needed
- ▶ Ongoing case monitoring
- ▶ Referrals and linkages to resources
- ▶ Weekly telephone checkups
- ▶ Home visitation

CALL US — WE CAN HELP

Our office are open Monday through Friday from 8am to 5pm.
The Friendly Visitor Program provides direct services in English, Spanish and Vietnamese.



(714) 479-0107



www.coasc.org



Friendly Visitor

a Program of Council on Aging

Council on Aging Programs

Helping Seniors Remain Healthy, Connected & Protected



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Long-Term Care Ombudsman Program

Support and Advocacy for Residents in Long-Term Care Facilities



Who We Are

The Council on Aging – Southern California has been a trusted nonprofit organization since 1973. We provide unbiased information, programs and services to more than 275,000 adults and families annually.

The Ombudsman Program is a federally and state mandated program built largely of volunteers. Ombudsmen are advocates for the rights of residents of skilled nursing and residential care facilities. Our mission is to empower residents through advocacy, mediation, complaint investigation and resolution.



In Need Of Immediate Help?

Ombudsman services are free and confidential. Do you:

- ▶ Have an abuse complaint?
- ▶ Know your rights as a resident?
- ▶ Have concerns about quality of care?
- ▶ Suspect financial abuse?

CALL US — WE CAN HELP

Our offices are open Monday through Friday from 8am to 5pm. In the event of an after-hours emergency, please contact the 24-hour CA State CRISIS Line at 1 (800) 231-4024.

 **1 (800) 300-6222** |  **www.coasc.org**

What We Do

Ombudsmen are certified by the State of California to:

- ▶ Make unannounced, regular visits to licensed long-term care facilities
- ▶ Mediate and attempt to resolve residents' concerns
- ▶ Investigate abuse and neglect complaints
- ▶ Provide unbiased placement information and referrals regarding long-term care facilities
- ▶ Witness the signing of Advance Health Care Directives in care facilities
- ▶ Educate families and the community on long-term care issues
- ▶ Report serious facility violations to state licensing agencies



Ombudsman

a Program of Council on Aging

Council on Aging Programs

Helping Seniors Remain Healthy, Connected & Protected



- ▶ **Answers Guide** – Yearly publication filled with information on healthcare, caregiving, finance, legal and Medicare comparison charts for Orange County.
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(HICAP & BEC Programs)



Orange County | Behavioral Health Information & Referrals

855-OC-Links

(625-4657)

What is OCLinks?

OCLinks is an information and referral phone and online chat service to help navigate the Behavioral Health Services (BHS) system within the Health Care Agency for the County of Orange. Callers are connected to clinical Navigators who are knowledgeable in every program within the BHS system. This includes children and adult mental health, alcohol and drug inpatient and outpatient programs, crisis services, and prevention/early intervention programs. Once a program is identified, the Navigator will make every effort to link the caller directly to that program while still on the call. The Navigators speak English, Spanish, Vietnamese, and Farsi while other languages can be accommodated through translation services.



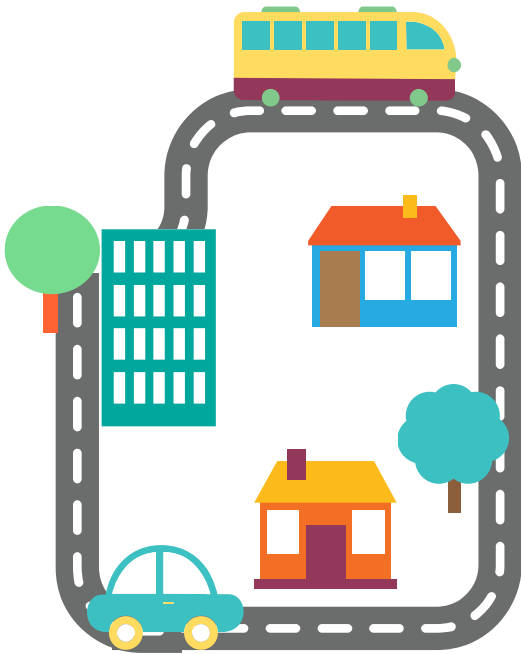
When should I contact OC Links?

Anyone can call OCLinks when looking for help connecting to the County of Orange's almost two hundred Behavioral Health programs. Callers can be someone looking for services for themselves, for family members or loved ones, or for participants in their programs seeking additional or supportive services. OC Links' Navigators are available to help callers understand what programs or services are the right fit for them. Navigators are available Monday through Friday from 8AM to 6PM by phone at 855-OC Links (855-625-4657) or by connecting online through a Chat line at www.ochealthinfo.com/oclinks.



Transportation Services Available For Orange County Seniors

If you need help getting to medical or other services, there are local, private, non-profit and government agencies that provide transportation to Orange County seniors at little to no cost.



Here are some types of transportation programs:

- Senior Non-Emergency Medical Transportation (SNEMT)
- Local/public transportation services
- Transportation provided by senior centers
- Disability related transportation
- Senior mobility/voucher programs
- Private transportation
- Transportation provided by medical centers/hospitals
- Specialized transportation for specific-need populations

**Call the Office on Aging for more information about
transportation services in your area.**

(800) 510-2020

NOTE: Transportation services are not offered in all areas of Orange County. Some age restrictions may apply.



Advocacy. Action. Answers on Aging.

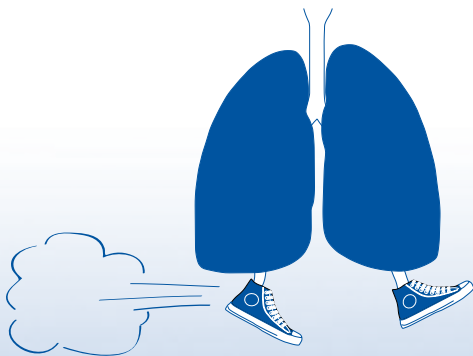
FREE Nicotine Patches!

- ▶ FREE nicotine patches for adults 18 and older who complete the FREE quitting tobacco services.
- ▶ Services available throughout Orange County in English, Spanish, and Vietnamese by calling 1-866-NEW-LUNG (639-5864).
- ▶ Patches available only while supplies last!

The combination of tobacco cessation counseling and medication is more effective than doing either one alone.
<http://www.cdc.gov/Features/SmokingCessation>



READY TO BE TOBACCO FREE?



**Call 1-866 NEW LUNG
(639-5864)**

For FREE Help to Quit Tobacco!

Tobacco Prevention and Cessation projects are made possible by Tobacco Settlement Revenue Funds administered by the County of Orange Health Care Agency/ Tobacco Use Prevention Program.



ORANGE COUNTY, CA - HEALTH CARE AGENCY

DTP1073

Health Insurance Counseling & Advocacy Program (HICAP)

Free, Unbiased Medicare Counseling



Who We Are

The Council on Aging – Southern California has been a trusted nonprofit since 1973. We provide unbiased information, programs and services to more than 100,000 adults and families annually.

The Council on Aging's HICAP counselors are California state-registered staff and volunteers, offering individualized counseling and group seminars about Medicare and other related health insurance topics.

HICAP is part of the national network of State Health Insurance Assistance Programs (SHIP) and is the most dependable source of unbiased and accurate Medicare related information.

CALL US – WE CAN HELP

Our HICAP Call Center is open Monday through Friday, 8:00 A.M. to 4:00 P.M.

 (714) 560-0424 or (800) 434-0222

 www.coasc.org/hicap

What We Do

HICAP offers personalized one-on-one counseling to assist beneficiaries in understanding their Medicare benefits and choosing options best-suited for their needs.

HICAP Counselors Can:

- ▶ Compare and evaluate insurance plans
- ▶ Assist with problems
- ▶ Assist with cost-saving options

HICAP Counselors Explain:

- ▶ Medicare benefits and enrollment
- ▶ Medicare Advantage Plans (Part C)
- ▶ Prescription Drug Plans (Part D)
- ▶ Medigap Plans (supplemental policies)
- ▶ Long-term care services and support



HICAP

a Program of Council on Aging

Council on Aging Programs

Helping Seniors Remain Healthy, Connected & Protected



- ▶ **Answers Guide** – Digital publication filled with information on healthcare, caregiving, finance, and legal guidance for Orange County.
- ▶ **Concierge Care Navigators** – Registered Nurses providing care management, in-home assessments and online care plans to support wellness.
- ▶ **Friendly Visitor Program** – Provides companionship and social support to isolated, frail adults in Orange County.
- ▶ **Health Insurance Counseling and Advocacy Program (HICAP)** – Provides free, unbiased, individual Medicare counseling and seminars.
- ▶ **Long-Term Care Ombudsman Program** – Advocates for the rights of older and disabled adults living in skilled nursing and residential care facilities.
- ▶ **ReConnect Program** – Assists Orange County's adults age 60+ to manage and improve their emotional health and overall well-being.
- ▶ **Senior Protection Program & FAST** – Educational seminars to help you avoid financial predators and limited consultation on matters of abuse.
- ▶ **SmileMakers Guild** – Provides holiday gifts to over 6,000 residents in long-term care facilities in Orange and Riverside Counties.

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LOCAL HELP FOR PEOPLE WITH MEDICARE

This project was supported, in part by grant number 90SAPG0094-02-00, from the U.S. Administration for Community Living (ACL), Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy.

This project is funded in part through a grant from the California Department of Aging, as allocated by the Orange County Board of Supervisors and administered by the Office on Aging.

The Family Consultation is the first step towards on-going support and services.

Topics covered include:

-  Self care
-  Respite care
-  Physical care
-  Emotional wellness
-  Stress management
-  Managing difficult behaviors
-  Medical condition information
-  Long term care planning
-  Legal & financial options



A Program of St. Jude Medical Center

Caregiver Resource Center OC is a trusted partner for Orange County families coping with physical, emotional, and financial responsibilities of caregiving. Since 1988, Caregiver Resource Center OC has assisted thousands of families and professionals who care for an adult over the age of sixty with chronic illness and/or a disabling condition or an adult who has brain impairing conditions such as Alzheimer's, stroke, Parkinson's, head injury, and Huntington's Disease.



Caregiver Resource Center OC, sponsored by St. Jude Medical Center, is part of a statewide system of Caregiver Resource Centers contracted through the California Department of Health Care Services. This project is funded in part through a grant from the California Department of Aging and a grant from the CARES Act (H.R. 748), as allocated by the Orange County Board of Supervisors and administered by the Office on Aging. Additional grant funding is provided by the California Department of Health Care Services. Services are provided free of charge. Voluntary contributions are gratefully accepted, and no one is denied for inability to contribute.



St. Jude Community Services
 130 W. Bastanchury Rd.
 Fullerton, CA 92835
 800-543-8312
www.caregiveroc.org



A Program for Family Caregivers



Caregiving includes
CARING FOR ME



A member of the St. Joseph Hoag Health alliance

Our Mission

To increase the quality of life for caregivers by helping families and communities master the challenges of caregiving.

Care Planning Consultation for Family Caregivers

Are you caring for a loved one over the age of sixty with chronic illness and/or a disabling condition or adults with Alzheimer's, Stroke, Parkinson's, Traumatic Brain Injury or other related disorder?

- Do you want a roadmap for the future?
- Do you have someone you can talk to who understands your situation?
- Do you need help, but don't know where to get it?



We are just a phone call away!

800-543-8312
www.caregiveroc.org

Services for Family Caregivers

California was the first state in the nation to address the impact of cognitive disorders on families.

Since 1988 the **Caregiver Resource Center OC**, a non-profit program, has been offering a full complement of family services designed to assist Orange County family caregivers of adults over age sixty with chronic & disabling conditions and brain impairing conditions. Multilingual staff is available to serve Orange County's diverse family caregiver population.

SERVICES ARE FREE AND INCLUDE:

Specialized Information

Information, assistance and referrals on caregiving issues and stress, diagnoses and community resources.

Family Consultation and Planning

At home, individual sessions and telephone consultations with professional staff to assess the needs of caregivers caring for incapacitated adults and helping you develop strategies for effective caregiving and options for self-care.



Respite Assistance

Respite planning and referrals to community resources for alternative care are provided to allow a break from caregiving. Funds may be available for situations where the caregiver must step away from caregiving to take care of themselves or other important or urgent matters.

Education and Training

Seminars, workshops and conferences to address the physical and emotional needs of family caregivers.

Legal Workshops

Regularly scheduled workshops provided by "Elder-Law" Attorneys that include topics such as estate planning, conservatorships, advance healthcare directives and planning for long-term care.

Counseling

Ongoing supportive counseling is available to our registered clients. Referrals to professionals with training related to caregiver concerns are also available.

Support Groups

Support Groups and referrals to specialized groups by diagnosis, audience and location are made available.

Services are offered in English,
Spanish and Vietnamese.

Health Risk Assessment (HRA) ACTION/REFERRALS

HRA Q#	Topic	Action/Information/Referrals	Resources
1	Aerobic exercise	Recommended at least 5 days a week; if less, then provide information on suitable types of aerobic exercise (i.e., walking, cycling), and list of senior community centers for exercise classes	Office on Aging 1-800-510-2020 for exercise classes; list of Senior Centers (Section 5)
2	Resistance exercise	Recommended twice a week; if less, then provide information on strengthening/resistance exercises	Strong and Stable Brochure or Workout To Go (Section 6) for description of resistance exercises
3-5x	Diet	Recommended servings should be consumed daily; if less, then provide information on diet/nutrition; consider referral to dietician if needed	Healthy Eating After 50 Age Page (Section 6)
6	Fast Food	No recommendation on frequency, but if excessive, provide information on diet or referral to meal service	See #7
7	Food Insecurity	Determine if it's a lack of money or lack of assistance; can refer to Meals on Wheels or other home-delivered meal programs, food banks, congregate meals at Senior Centers or In-Home Supportive Services (IHSS; if qualified)	Food resources (pantries, home-delivered, congregate meals) http://www.211oc.org/food.html IHSS 714-825-3000
8	Alcohol	Recommended 1 or less per day; if more, document amount in chart, provide information on alcohol reduction, and screen for alcohol use disorder TAPS Tool (Section 3)	Alcohol Use in Older Adults Age Page; Alcohol/drug abuse clinics: OC LINKS 855-625-4657; AA http://www.oc-aa.org/ 714-556-4555
9	Sleep	Recommended 7 hours or more per day; if less, provide information on sleep hygiene	Sleep Brochures (Section 6)
10	Tobacco	Recommend to avoid use and exposure; if smoking, provide referral to smoking cessation	Smoking cessation hotline: 1-866-NEW-LUNG (1-866-639-5864); flyer in Section 5
11	Socialization	No recommendations on frequency	See # 26 on back page
12	Pain	If significant, consider referral to pain management specialist/center	Pain Age Page (Section 6)
13	Dental	If yes, then refer to dentist. If uninsured, refer to Adult Emergency Dental Clinic at OC Health Care Agency; extractions only (no fillings, no root canals, etc.), by appointment only.	Adult Emergency Dental, 1725 W. 17 th Street; call 1-800-914-4887 for information
14	Financial Insecurity	If no, can refer to programs that may assist with specific financial needs (housing, utility, medical bills, food programs)	Office on Aging 1-800-510-2020 or Social Service Agency (SSA) 714-541-4895
15	Medication questions	If medication adherence poor, ask further questions to determine reasons. For OTC meds, review what is being taken and add to medication list (if not already listed).	Safe Use of Medicines or Dietary Supplements Age Page (Section 6)
16	Driving	If no, provide information on transportation resources. If unsafe driving suspected, refer for driver evaluation at St. Jude's, report to DMV (report form in Section 8) if loss of consciousness or disorder which affects driving.	Transportation resources: Office on Aging 1-800-510-2020, or call 2-1-1. Driver evaluation: St. Jude's Center for Rehab and Wellness, 714-578-8720

Health Risk Assessment (HRA) ACTION/REFERRALS

HRA Q#	Topic	Action/Information/Referrals	Resources
17	Sexual activity	If more than one partner, ask about sexual practices and condom use; counsel as appropriate to reduce risk and screen for STIs if at high risk	
18	Hearing /vision	If hearing impaired, refer to audiology; if visually impaired or if in need of exam, refer to optometry for evaluation, Braille Institute for support	Hearing impaired: Providence Speech and Hearing Center www.pshc.org 714-639-4991; Visually impaired: Braille Institute https://brailleinstitute.org/orange-county 1-800- Braille (272-4553)
19	Balance/falls	If yes to balance problems, provide information on fall prevention; if yes to falls, consider PT evaluation or fall prevention program. Also, administer screening tests during visit to more fully assess risk (see section 4).	Balance Basics Brochure (Section 6); Fall Prevention Center of Excellence www.stopfalls.org
20	Memory	Administer Mini-Cog (Section 3); if score of concern, refer for or perform further evaluation of dementia, such as SLUMS (section 3); Alzheimer's OC offers education and resources for caregivers	Forgetfulness Age Page (Section 6), Alzheimer's Orange County Helpline 844-373-4400 http://www.alzoc.org
21x	Incontinence	If yes, review causes of incontinence, refer as needed.	
23	Financial abuse	If yes, ask more questions; if suspicion is low, provide information on prevention of financial abuse; if suspicion high, report to authorities: Adult Protective Services (APS) if living in the community, or Long Term Care Ombudsman if living in a facility	In Section 7: Abuse Report Form Report (APS Registry 800-451-5155 or Ombudsman 800-300-6222 for questions); flyers on prevention of abuse
22, 24	ADLs/iADLs	If yes to any/all, review resources patient has, and refer for Long Term Services and Supports (LTSS, MediCal only) or personal assistance if needed	Office on Aging 1-800-510-2020 for information on LTSS
25	Caregiver	If no, refer to Caregiver Resource Center	Caregiver Resource Center 800-543- 8312 http://www.caregiveroc.org/ (flyer Section 5)
26	Socialization	If socialization needed/desired, refer to Senior Centers, Friendly Visitor Program or Community Based Adult Services (CBAS) Centers	Call Office on Aging 1-800-510-2020, or see list of Senior Centers, CBAS Centers or Friendly Visitor Program (Section 5)
28	Abuse	If yes and suspicion high for abuse, ask more questions and report	See # 23 above
29x	Advance Directive	If yes, ask who has a copy of it and document in chart; if no, provide information about it and/or form to fill out	Advance Directive fillable form and registration (Section 8)
33-35	Depression/ anxiety	If score on PHQ-2 (Q# 34-35) is ≥ 3 , administer PHQ-9 or GDS (Section 4) and refer/offer treatment if indicated	Private referral or OC LINKS (behavioral health services) 855-625-4657 (Section 5)

All websites above accessed October 2021.

Information, Assistance & Resources

Orange County Office on Aging Information Line

Toll-Free: 800-510-2020 • Direct: 714-480-6450

Call center for information, assistance and linkage to community resources and programs for older adults, persons with disabilities, and family caregivers, including adult day care, disability services, exercise classes, financial assistance, home modification, housing, in-home services, food, recreation, senior centers, transportation and more.

Other Key Resources	
Agency/Program Name & Services Offered	Phone No.
Adult Protective Services (Social Services Agency) To report elder abuse	800-451-5155
Alcoholics Anonymous OC Support groups for recovering alcoholics	714-556-4555
Alzheimer's Orange County Help with and resources for people with dementia and their caregivers	949-955-9000
Alzheimer's Association of Orange County Accelerating global research, driving risk reduction and early detection, and maximizing quality care and support.	800-272-3900
Braille Institute Help for visually impaired people	714-821-5000
Caregiver Resource Center Help for caregivers	800-543-8312 714-446-5030
Council on Aging Oversees Ombudsman, Friendly Visitor, HICAP and other programs	714-479-0107
Dayle McIntosh Disability Resource Center Helps people with disabilities live independently	714-621-3300
Dental - Adult Emergency (Health Care Agency) Extractions only; call for information and appointment	800-914-4887
Driving Assessment St. Jude Center for Rehabilitation and Wellness	714-578-8720
Friendly Visitor Program Home visitation by trained volunteer	714-479-0107

Health Insurance Counseling & Advocacy Program (HICAP) Help with Medicare & health insurance options	800-434-0222
Home-Delivered Meals Meals on Wheels (Central and North Orange County) Age Well (South Orange County) City of Irvine	714-220-0224 949-855-8033 949-724-6910
In-Home Supportive Services (IHSS) Help at home for eligible seniors and disabled people	714-825-3000
Long Term Care Ombudsman Help with patient issues in long term care facilities	800-300-6222 714-479-0107
OC LINKS Linkage with County-funded mental/behavioral health programs and services	OC LINKS 855-625-4657
Older Adults Services (OAS) Mental health and substance abuse counseling for older adults	714-972-3700
Providence Speech and Hearing Center Services for speech and hearing impaired	855-901-7742
Smoking Cessation Free counseling and nicotine patches	866-639-5864
Veterans Service Benefits & Potential Entitlement	714-480-6555
211 - 24 hours a day, 7 days a week Help with basic needs, like food, shelter, clothing, transportation	211

**Need information on something else?
Call the OC Office on Aging Information Line
Toll-Free: 800-510-2020 • Direct: 714-480-6450**



balance

BASICS





What do I need to know **BEFORE** PERFORMING the balance activities?

1

Make sure that my muscles are really warmed up so the balance activities are easier to perform.

2

Perform the balance activities in the order they are presented.

3

Be sure to perform the standing balance activities while I am standing close to a sturdy chair in a corner of the room or close to a wall when performing the moving activities (#7, 8, 9, 10).

4 Make sure that my muscles are really warmed up so the balance activities are easier to perform.

5 Perform the balance activities in the order they are presented.

6 Be sure to perform the standing balance activities while I am standing close to a sturdy chair in a corner of the room or close to a wall when performing the moving activities (#7, 8, 9, 10).

7 Be sure to hold onto a sturdy chair when I place the ball under my foot for activity #2.

I should not increase the challenge of the

b¹

standing towel scrunches

- 1 Place small towel under right foot while holding onto chair.
- 2 **Stand tall** and focus eyes on target at eye level.
- 3 Pull towel towards body **using toes** only. Push towel away from body until it is flat again.

4

Move towel to left foot and repeat.



INCREASE CHALLENGE BY using towel to spell-out words of increasing length with foot on the floor. Begin with three-letter words and increase to longer words with practice. Lightly hold onto chair until balance improves.



b²

standing ball rolls

1

Place small ball (approx. 6 inches in diameter) under ball of right foot while holding onto chair.

2

Stand tall and focus eyes on target at eye level.

COMPLETE FOLLOWING MOVEMENT SEQUENCE:

* Roll ball forward and away from body until ball is under heel. Roll ball back towards body until ball is under forefoot again.

* Roll ball to side and away from body. Roll back towards starting position.

* Roll ball in a circle to the right and then to the left.

3

Repeat movement sequence with opposite foot.

4

Increase number of times sequence is performed as balance improves. Begin with 1-2 repetitions and increase to 5 on each foot.

5

Remove hand from chair as balance improves.



b³

wall touches

- 1 Position body 6-8 inches away from wall. **Stand tall** with back to the wall and **feet hip-width apart**. Focus eyes on vertical target at eye level.
- 2 Shift weight backwards through **right hip** until hip touches wall. Return to starting position.
- 3 Shift weight backwards through **both hips** until buttocks touch wall behind. Return to starting position.

4

Shift weight backwards through **left hip** until hip touches wall.

5

Upper body remains tall with **shoulders relaxed and level** throughout the activity. Adjust distance from wall until able to touch hip(s) to wall on each weight shift.

6

Repeat weight shift sequence 3-5 times. Increase standing distance from wall as balance improves.



b⁴

shift around the clock

1

Stand tall with feet **hip-width apart**. Hold onto sturdy chair for support if needed and **focus eyes on target** at eye level.

2

Lean forward to following points on imaginary clockface on floor: 12 o' clock, 6 o' clock, 3 o' clock, 9 o' clock.

3

Return to start position after each lean. Stand tall with eyes focused on a vertical target.

4

Repeat movement sequence in # 2 but move through the start position to each number (e.g., 12 to 6; 6 to 3).

5

Lean to each of the following clockface positions: 1 o' clock, 7 o' clock, 11 o' clock, 5 o' clock.

6

Return to start position after each lean. Stand tall with eyes focused on a vertical target.

7

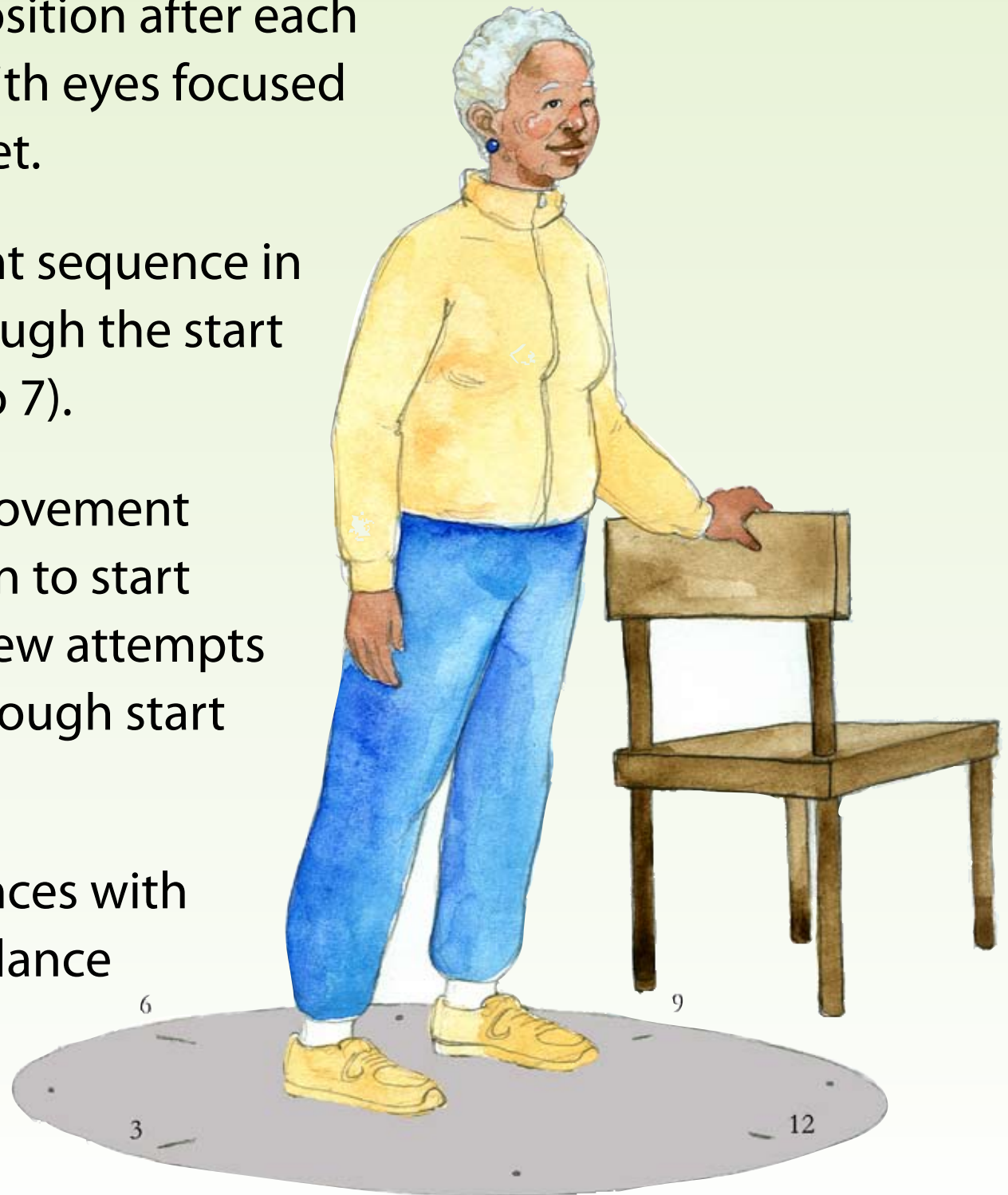
Repeat movement sequence in #5 but move through the start position (e.g., 1 to 7).

8

Combine both movement sequences. Return to start position on first few attempts and then lean through start position.

9

Repeat all sequences with eyes closed as balance improves.



standing with altered based of support

1

Stand tall with feet hip-width apart. Hold onto sturdy chair for support if needed.

2

Focus eyes on a vertical target at eye level during each standing activity.

3

Bring feet together until toes and heels are (or almost) touching. Hold position for 10-30 seconds. Return feet to starting position.

4

Move right foot forward so that heel of right foot is forward of toes of left foot. Shift weight forward until belly button is positioned between heel and toes. Hold position for 10-30 seconds. Return



3



to starting position. Repeat activity with opposite foot in forward position.



5

Move right foot directly in front of left foot so that heels and toes are (or almost) touching. Shift weight forward until belly button is directly above heels and toes. Hold position for 10-30 seconds. Return to starting position. Repeat activity with opposite foot in forward position.



6

Shift weight over right foot and lift left foot off the floor. Hold position for 10-30 seconds. Lower foot to floor and repeat with opposite leg.



7

Repeat each standing activity with eyes closed as balance improves.

8

Remove hand from chair as balance improves.

b⁶

march in-place with head turns

1

Stand tall with feet hip-width apart. Focus eyes on target at eye level.

2

Begin marching for 8 counts with eyes directed forward. Continue marching for additional 8 counts while turning head one-quarter turn to the right. Turn the head back to a forward position while continuing to march for 8 counts. Turn head one-quarter turn to left while continuing to march for 8 counts.

3

Focus eyes on new target at eye level with each

head turn.

4

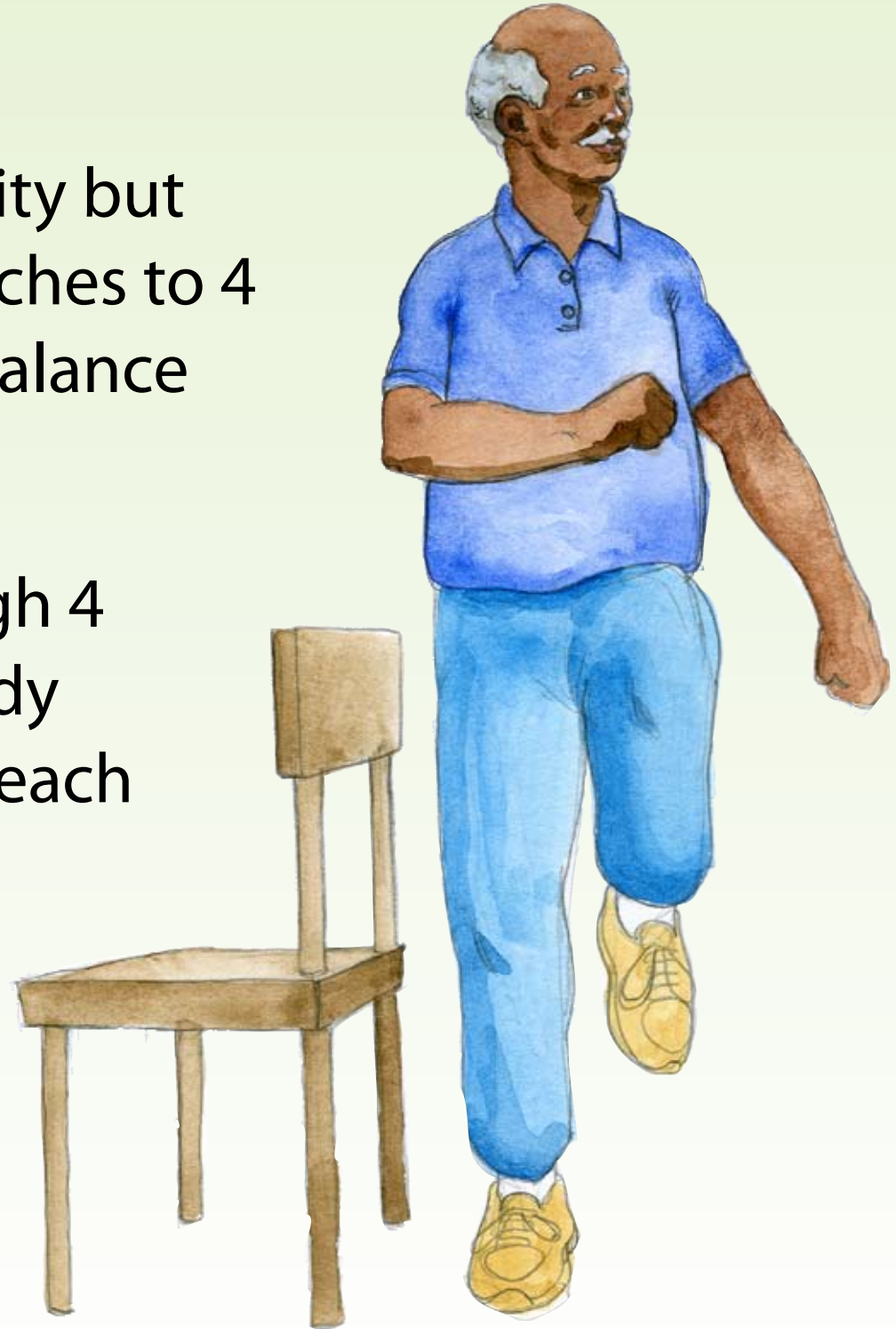
Repeat marching activity but reduce number of marches to 4 and then 2 counts as balance improves.

5

Repeat steps #2 through 4 but turn head AND body one-quarter turn with each turn of head.

6

As balance continues to improve, turn head BEFORE the body on each quarter turn.



b⁷

walk with head turns

- 1 Stand tall with feet hip-width apart and close to a wall. Focus eyes on target at eye level.
- 2 Begin walking for 8 counts. Turn head one-quarter turn to right while continuing to walk for 8 counts. Turn the head back to a forward position and continue walking for 8 counts.
- 3 Turn head to the left one-quarter turn while walking for 8 counts. Continue walking for 8 counts and return head to forward position.
- 4 Focus eyes on new target at eye level with each

head turn.

5

Repeat walk-with-head-turns activity but reduce number of marches to 4 and then 2 counts as balance improves.

6

Repeat walk-with-head-turns activity but turn head one-quarter turn to right for 8 (4, or 2 counts) and then immediately to the left for 8 (4, or 2 counts) without stopping in forward position.



b⁸

toe walking

- 1 Stand tall with feet hip-width apart and close to a wall. Focus eyes on target at eye level.
- 2 Rise up onto balls of feet and begin walking forward.

3

Keep body tall and shoulders directly above hips.

4

Chin is parallel to floor and ears are directly above shoulders.



b⁹

heel walking

1 Stand tall with feet hip-width apart and close to a wall. Focus eyes on target at eye level.

2 Lift balls of feet off floor and begin walking forward on heels.

3

Keep body tall and shoulders directly above hips.

4

Chin is parallel to floor and ears are directly above shoulders.



directional walking

1

Stand tall with feet hip-width apart and close to a wall. Focus eyes on a target at eye level.

PRACTICE THE FOLLOWING WALKING PATTERNS:

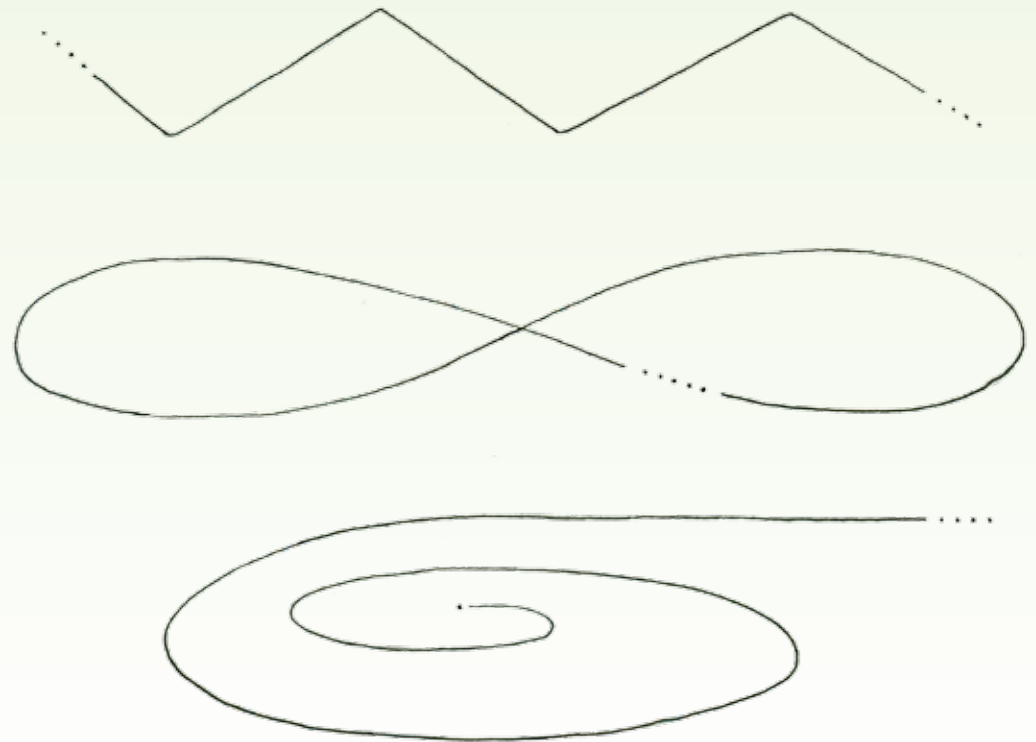
- * Zig-zag.
- * Figure-eight. Try to make both loops of the 8 the same size when walking.
- * Spiral. Begin with a large spiral pattern, making spiral progressively smaller and smaller with each complete turn.

Reverse direction of spiral, making spiral progressively larger with each complete turn. Repeat while walking in opposite direction.



2

Repeat each directional walking pattern while walking on toes.



! assumption of risk

The distribution of this Balance Basics activity guide by the Fall Prevention Center of Excellence is done as a service to older adults to promote activities that may lower the risk for falls.

Before engaging in any physical activity program, you should consult your primary care physician. **If any of the following apply, you should not perform these activities without permission from your Doctor:**

- 1) Your Doctor has advised you not to perform

physical activity because of your medical condition(s),

2) You are experiencing dizziness or experiencing tightness, pressure, pain, or heaviness in your chest when you perform physical activity,

3) You have been told you have congestive heart failure or have uncontrolled blood pressure (160/100 or above).

If you choose to perform any of the Balance Basics activities in this guide, you are assuming the inherent risks, and may not hold the Fall Prevention Center of Excellence or any person who sponsors, promotes, or distributes these exercise guides liable for injury or harm.



The Andrus Gerontology Center Graphics Department

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Older Adults and Depression

Learn the signs and find treatment.

Do you feel very tired, helpless, and hopeless?

Have you lost interest in many of the activities and interests you previously enjoyed?

Are you having trouble working, sleeping, eating, and functioning?

Have you felt this way day after day?

If you answered yes, you may be experiencing depression.

As you get older, you may go through a lot of changes—death of loved ones, retirement, stressful life events, or medical problems. It's normal to feel uneasy, stressed, or sad about these changes. But after adjusting, many older adults feel well again.

Depression is different. It is a medical condition that interferes with daily life and normal functioning. It is not a normal part of aging, a sign of weakness, or a character flaw. Many older adults with depression need treatment to feel better.

Types of Depression

There are several types of depression. The most common include:

- ▶ **Major Depression**—severe symptoms that interfere with your ability to work, sleep, concentrate, eat, and enjoy life. Some people may experience only a single episode within their lifetime, but more often, a person may experience multiple episodes.

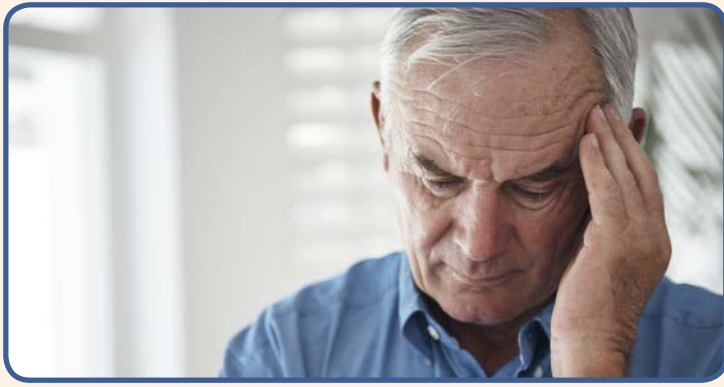
- ▶ **Persistent Depressive Disorder**

(Dysthymia)—depression symptoms that are less severe than those of major depression, but last a long time (at least two years).

- ▶ **Minor Depression**—depression symptoms that are less severe than those of major depression and dysthymia, and symptoms do not last long.

Do you know the signs?

Depression may sometimes be undiagnosed or misdiagnosed in some older adults because sadness is not their main symptom. They may have other, less obvious symptoms of depression or they may not be willing to talk about their feelings. It is important to know the signs and seek help if you are concerned.



Depression has many symptoms, including physical ones. If you have been experiencing several of the following symptoms for at least two weeks, you may be suffering from depression:

- ▶ Persistent sad, anxious, or “empty” mood
- ▶ Loss of interest or pleasure in hobbies and activities
- ▶ Feelings of hopelessness, pessimism
- ▶ Feelings of guilt, worthlessness, helplessness
- ▶ Decreased energy, fatigue, being “slowed down”
- ▶ Difficulty concentrating, remembering, making decisions
- ▶ Difficulty sleeping, early-morning awakening, or oversleeping
- ▶ Appetite and/or unintended weight changes
- ▶ Thoughts of death or suicide, suicide attempts
- ▶ Restlessness, irritability
- ▶ Aches or pains, headaches, cramps, or digestive problems without a clear physical cause and/or that do not ease even with treatment

Is it Grief or Depression?

Grief after loss of a loved one is a normal reaction to loss and generally does not require mental health treatment. However, grief that lasts a very long time or is unusually severe following a loss may require treatment.

Risk Factors

Although most cases of depression are diagnosed in young adults, depression can occur at any age. Certain people are at a higher risk for developing

depression. If you are an older adult, you may be at a higher risk if you:

- ▶ are female
- ▶ have a chronic medical illness, such as cancer, diabetes or heart disease
- ▶ have a disability
- ▶ sleep poorly
- ▶ are lonely or socially isolated

You may also be at a higher risk if you:

- ▶ have a personal or family history of depression
- ▶ use certain medications
- ▶ suffer from a brain disease
- ▶ Misuse alcohol or drugs,
- ▶ Have experienced stressful life events such as loss of a spouse, divorce, or taking care of someone with a chronic illness

How do I get help?

If you think that you or a loved one may have depression, it is important to seek treatment. A person with depression cannot simply “snap out of it”—it is a medical condition that affects your quality of life. Depression can also lead to suicide, particularly if left untreated, and you are more likely to develop a physical illness if you have depression.

The good news is that, in most cases, depression is treatable in older adults. The right treatment may help improve your overall health and quality of life. With the right treatment, you may begin to see improvements as early as two weeks from the start of your therapy. Some symptoms may start to improve within a week or two, but it may be several weeks before you feel the full effect.

Talking to Your Doctor

If you think you have depression, the first step is to talk to your doctor or health care provider. Your doctor will review your medical history and do a physical exam to rule out other conditions that may be causing or contributing to your depression symptoms. He or she may also ask you a series of



questions about how you're feeling. It is important to be open and honest about your symptoms, even if you feel embarrassed or shy.

If other factors can be ruled out, the doctor may refer you to a mental health professional, such as a psychologist, counselor, social worker, or psychiatrist. Some providers are specially trained to treat depression and other emotional problems in older adults.

What are my treatment options?

The primary treatment options for depression include medication and psychotherapy. It is important to remember that as doctors and therapists develop a personalized treatment plan for each individual, different treatments or treatment combinations sometimes might be tried until you find one that works for you.

Medication

Medications called antidepressants can work well to treat depression. While some symptoms usually begin to improve within a week or two, they can take several weeks to work fully. As with most medications, many people experience some side effects, which in most cases can be managed or minimized. The most common side effects of antidepressants include:

- ▶ Nausea and vomiting
- ▶ Weight gain
- ▶ Diarrhea
- ▶ Sleepiness
- ▶ Sexual problems

Antidepressants may cause other side effects that are not included in this list. Most side effects lessen over time. If you are taking antidepressants, talk to your doctor about any side effects that you are experiencing, especially if they are new, worsen over time, or worry you. Often, temporarily lowering the dose or switching to a different medication will help when side effects are problematic. If you have thoughts of suicide or experience any unusual changes in mood and behavior, call your doctor right away.

People over 65 have to be careful when taking medications, especially when they're taking medications for different conditions. Older adults have a higher risk for experiencing bad drug interactions, missing doses, or overdosing. Be sure to tell every doctor you see about all of the medications you are being prescribed. It is also a good idea to get all of your medications from the same pharmacy; pharmacists are excellent sources of information about medications and will alert you and your doctors if there are concerns about a possible interaction between medications—which can happen inadvertently when a doctor is not familiar with a medication being prescribed for a different condition by a different health care provider.



Older adults also tend to be more sensitive to medications. Therefore, lower or less frequent doses may be needed. Before starting a medication, older adults and their family members should talk with a doctor about whether a medication can affect alertness, memory, or coordination, and how to help ensure that prescribed medications do not increase the risk of falls. If you have trouble remembering to take multiple doses of medicines throughout the day, your doctor may want to prescribe one of the antidepressants that require just one dose daily;

either way, antidepressants must be taken every single day, not just “as needed.”

If you are taking antidepressants, it is important to not stop taking them without the help of a doctor.

Even after you are feeling back to yourself, antidepressants should be continued for a number of months to prevent depression symptoms from returning. When it is time to stop the medication, the doctor will help you slowly and safely decrease the dose. It’s important to give the body time to adjust to the change. People don’t get addicted to (or “hooked on”) these medications, but stopping them abruptly may cause withdrawal symptoms.

Psychotherapy

Psychotherapy (or “talk therapy”) can also be an effective treatment for depression. It helps by teaching new ways of thinking and behaving, and changing habits that may contribute to the depression. Psychotherapy can help you understand and work through difficult relationships or situations that may be causing your depression or making it worse. Research shows that cognitive-behavioral therapy (CBT), including a version called problem-solving therapy, may be an especially useful type of psychotherapy for treating older adults and improving their quality of life.

Research also suggests that for older adults, psychotherapy is just as likely to be an effective first treatment for depression as taking an antidepressant. Some older adults prefer to get counseling or psychotherapy for depression rather than add more medications to those they are already taking for other conditions. However, if your depression is severe or if you are coping with other serious illnesses, medication or a combination of medications with psychotherapy may be a more effective approach.

Complementary Therapies

Examples of complementary therapies for depression include yoga, exercise, and certain dietary supplements. These therapies may offer some benefits for people

with depression; however, they should not replace talking to your health care professional or continuing with the treatment plan determined with that doctor. Tell your health care professional about any complementary health approaches you use or plan to use. This will help ensure your safety. Physical activity is a helpful part of any treatment plan for depression, and may become easier to add as a person starts to feel better as antidepressant medication and/or psychotherapy begin to work. Talk to your health care professional about your options and visit the National Center for Complementary and Integrative Health to learn more about these types of therapies: www.nccih.nih.gov.

Electroconvulsive Therapy (ECT)

Electroconvulsive therapy (ECT) is sometimes used for severe depression that is very difficult to treat and does not respond to medication or psychotherapy. ECT is a type of brain stimulation therapy, a class of treatments which involve activating the brain directly with electricity, magnets, or implants. Some of these treatments are still at the experimental stage. If your depression persists despite adequate trials of medication, or if your depression is so severe that you are unable to eat or you develop false, fixed beliefs (“delusions”) about your illness, your doctor may recommend ECT as the best option. Although it has been in use for almost 80 years, ECT remains the strongest and fastest-acting treatment for severe depression.

Despite ECT’s efficacy and safety record in older adults, many misconceptions still persist among both patients and health care professionals. ECT can be safe and highly effective for severe, treatment-resistant depression, as well as a variety of other serious mental disorders. ECT may cause side effects, such as confusion and memory loss. Although these side effects are usually short-term, they can sometimes linger.

Beyond Treatment: What You Can Do

As you continue treatment, you may gradually start to feel better. Remember that if you are taking



medication, it may take several weeks for it to start working. If the first medication does not work, be open to trying another. You may need to try a few different medications before finding one that works for you. Sometimes, if an antidepressant medication is only partially effective, adding a second medication of a different type can be helpful.

Try to do things that you used to enjoy before you had depression. Studies have shown that doing these things, even when you don't expect to enjoy them, can help lift your spirits. Go easy on yourself. Other things that may help:

- ▶ Break up large tasks into small ones, and do what you can as you can. Don't try to do too many things at once.
- ▶ Spend time with other people and talk to a friend or relative about your feelings.
- ▶ Stick to your treatment plan. It will take time for treatment to work.
- ▶ Discuss decisions with others who know you well. Do not make important life decisions until you feel better.

If you are having suicidal thoughts

Older adults with depression are at risk for suicide. If you are thinking about harming yourself or attempting suicide, tell someone who can help immediately.

- ▶ Call your doctor.
- ▶ Call 911 for emergency services.
- ▶ Go to the nearest hospital emergency room.
- ▶ Call the toll-free, 24-hour hotline of the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255); TTY: 1-800-799-4TTY (4889) to be connected to a trained counselor at a suicide crisis center nearest you.

How do I help someone with depression?

If you know someone who has depression, first help him or her see a doctor or mental health professional. Several ways you can help an older adult with depression is to:

- ▶ Offer support, understanding, patience, and encouragement.
- ▶ Help keep track of his or her appointments and weekly “pillbox” if possible because many older adults with depression may not be thinking clearly.
- ▶ Try to make sure he or she has a way of getting to doctor visits.
- ▶ Talk to him or her, and listen carefully.
- ▶ Never ignore comments about suicide, and report them to your loved one's therapist or doctor.
- ▶ Invite him or her out for walks or outings, or to engage in indoor activities with you.
- ▶ Remind him or her that, with time and treatment, the depression will lift.

Where can I find more information?

NIMH has a variety of publications on depression available at www.nimh.nih.gov/health/publications/. If you need additional information and support, you may find the following resources to be helpful:

Clinical Trials and You

Clinical trials are part of clinical research and at the heart of all medical advances. Clinical trials look at new ways to prevent, detect, or treat disease. Treatments might be new drugs or new combinations of drugs, new surgical procedures or devices, or new ways to use existing treatments. All clinical trials have particular requirements to match potential subjects with studies, such as age range or acceptable other conditions/medications. To learn more about participating in a clinical trial, please visit www.nih.gov/health/clinicaltrials/index.htm and

use search terms such as “geriatric depression” or “depression and older adults.”

Locate Affordable Health Care in Your Area

Within the Federal Government, a bureau of the Health Resources and Services Administration (HRSA) provides a Health Center Database for a nationwide directory of clinics to obtain low or no-cost health care. Start your search at www.findahealthcenter.hrsa.gov/.

Mental Health Treatment Program Locator

The Substance Abuse and Mental Health Services Administration (SAMHSA) provides the Mental Health Treatment Program Locator, which is an online resource for locating mental health treatment facilities and programs. The Mental Health Treatment Locator section of the Behavioral Health Treatment Services Locator lists facilities providing mental health services to persons with mental disorders. Find a facility in your state at www.findtreatment.samhsa.gov/.

NIHSeniorHealth.Gov

NIHSeniorHealth.gov is a website for older adults that makes aging-related health information easily accessible for family members and friends seeking reliable, easy-to-understand online health information. This site was developed by the National Institute on Aging (NIA) and the National Library of Medicine (NLM), both part of the National Institutes of Health (NIH). Visit at www.nihseniorhealth.gov/.

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Website: www.nimh.nih.gov



MyPlate for Older Adults

Fruits & Vegetables

Whole fruits and vegetables are rich in important nutrients and fiber. Choose fruits and vegetables with deeply colored flesh. Choose canned varieties that are packed in their own juices or low-sodium.

Healthy Oils

Liquid vegetable oils and soft margarines provide important fatty acids and some fat-soluble vitamins.

Herbs & Spices

Use a variety of herbs and spices to enhance flavor of foods and reduce the need to add salt.



Fluids

Drink plenty of fluids. Fluids can come from water, tea, coffee, soups, and fruits and vegetables.

Grains

Whole grain and fortified foods are good sources of fiber and B vitamins.

Dairy

Fat-free and low-fat milk, cheeses and yogurts provide protein, calcium and other important nutrients.

Protein

Protein rich foods provide many important nutrients. Choose a variety including nuts, beans, fish, lean meat and poultry.



Remember to Stay Active!



ORANGE COUNTY
RX & OTC
COALITION

HOW TO

Monitor, Secure and Destroy YOUR MEDICATIONS

MONITOR

Take inventory. Count your medications from the pharmacist. Count them as you use them. Take note of missing and quickly used medications.

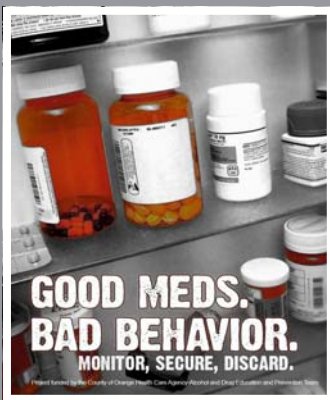
SECURE

Lock medications and reduce access. Don't leave them in a bathroom. Keep them away from children and youth.

DESTROY

Never dispose of medications in a sink or toilet. Dissolve unused or expired medications in a baggie with kitty litter.

Follow these steps.



Preventing prescription drug abuse starts in your home. According to the U.S. Drug Enforcement Administration, more people die from over-the-counter and prescription drug abuse than from cocaine, heroin, and ecstasy combined. **Safeguard your family by following these steps.**

How to properly destroy your expired and unwanted medications at home



What You Will Need

- Expired and unwanted medications
- Zip baggie
- Hot water (over 110° F)
- Kitty litter

Steps to follow

- 1** Pour unwanted/expired medications out of their original containers into a zip baggie.
- 2** Pour hot water (over 110° F — about as hot as a cup of coffee) into the baggie.
- 3** Insert kitty litter into the baggie. Seal baggie. Place in trash bin.

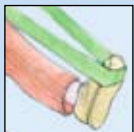
Shred prescription labels or use a black marker to cross out label information.

County of Orange Health Care Agency
Alcohol and Drug Education and Prevention Team (ADEPT)
405 W. Fifth Street, Santa Ana, CA 92701
(714) 834-2192
www.ochealthinfo.com/adept



strong

& STABLE





What do I need to know **BEFORE** PERFORMING the strength activities?

1

Consult with my doctor to make sure that these strength activities are safe and appropriate for me before my first session.

2

Always warm-up the body before doing any of the strength activities. Lifting my knees up while seated, walking in place, and gently swinging my arms for about 5 to 10 minutes will get my muscles ready for the strength activities.

3

Perform the strength activities in the order they appear in this guide and read each description fully before starting the strength activity.

4

Try and perform the strength activities through as full a range of motion as possible but avoid overextending my limbs or locking the joints.

5

Consult with my doctor to make sure that these strength activities are safe and appropriate for me before my first session.

6

Always warm-up the body before doing any of the strength activities. Lifting my knees up while seated, walking in place, and gently swinging my arms for about 5 to 10 minutes will get my muscles ready for the strength activities.

7

Perform the strength activities in the order they appear in this guide and read each description fully before starting the strength activity.

8

Try and perform the strength activities through as full a range of motion as possible but avoid overextending my limbs or locking the joints.

9

Perform each strength activity in a slow and controlled manner while maintaining correct form.

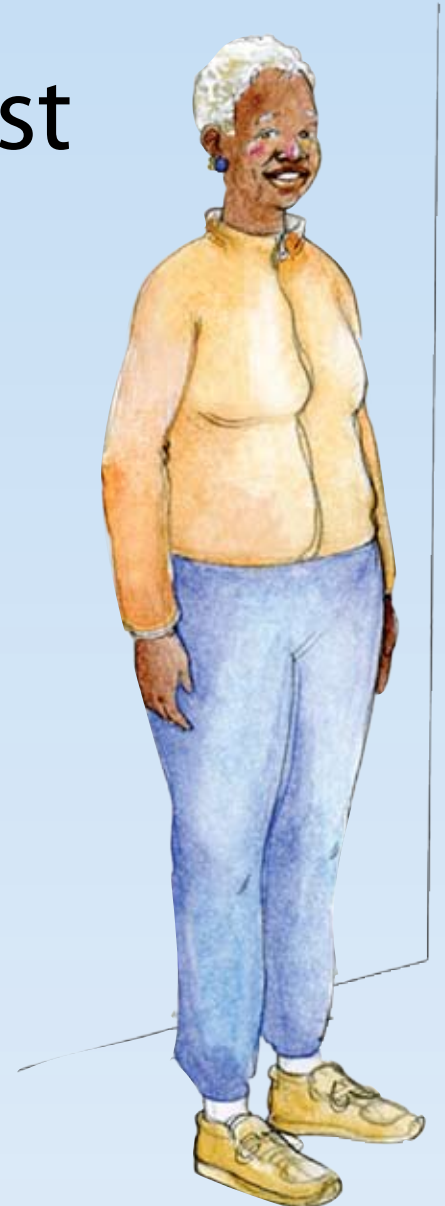
s¹

wall slides

1 **Stand tall** with back against the wall.

2 Position feet about 12 to 24 inches out from wall and **hip-width** apart.

3 **Breathe out** as you slowly slide down wall almost to sitting position. **Knees** are



just behind or directly above ankles.

4

Hold position for 3 to 5 seconds while **breathing evenly.**

5

Slowly return to start position.

*

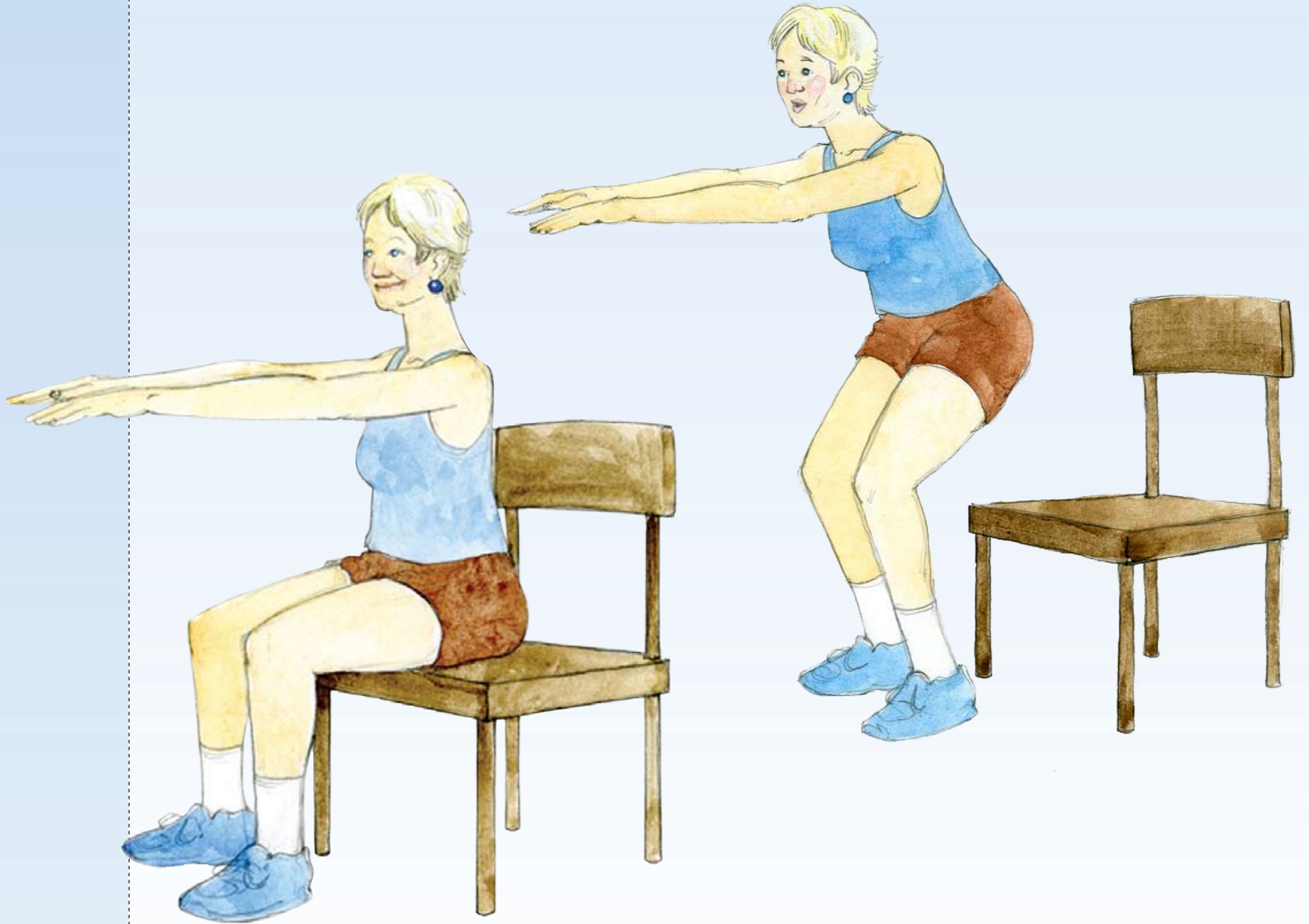
CAUTION: Do not slide down as far if you feel any pain during the activity.



S²

sit-to-stand squats

- 1** **Sit tall** in the center of a sturdy chair positioned against wall if possible. **Feet** are flat on floor and hip-width apart. Arms are extended. **Direct eyes forward** and **breathe in**.
- 2** **Breathe out** and stand up, raising the body about two-thirds of the way up. Keep the **back straight** and the knees slightly behind or above the ankles.
- 3** **Hold the position** for 3-5 seconds while breathing evenly.
- 4** **Slowly** return to a seated position.



S³

seated hip abduction

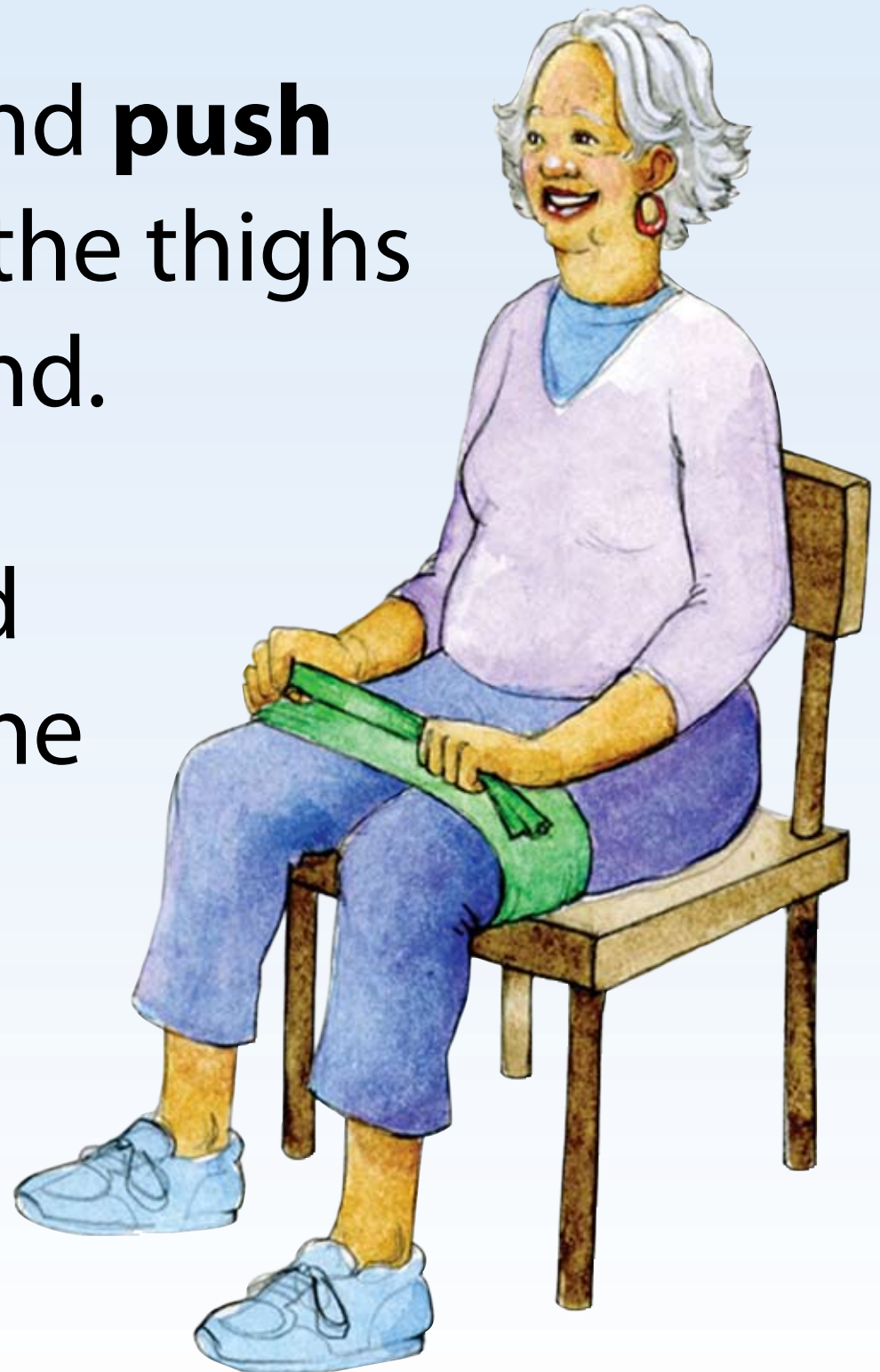
- 1** **Sit tall** in center of chair with **feet flat** on the floor and hip-width apart.
- 2** Wrap the resistance band once or twice around the thighs of both legs and **hold ends firmly** against thighs. **Breathe in.**

3

Breathe out and push the outside of the thighs against the band.

4

Breathe in and slowly move the thighs back to their starting position.



S⁴

standing side leg lifts

(WITH OR WITHOUT RESISTANCE)

1

Stand tall with **feet hip-width apart** while holding onto a sturdy chair. **Shift weight** onto one leg and **breathe in.**

2

Breathe out and slowly **raise** the other leg out to the side, **leading with the heel.** Do not allow

3

upper body to move during leg raise.

4

Breathe in and **slowly** return the leg to the starting position.

5

Repeat the exercise with opposite leg.



S⁵

standing leg curls

(WITH OR WITHOUT RESISTANCE)

1 **Stand tall** with feet **hip-width** apart. Lightly hold onto back of a sturdy chair or counter top and **breathe in.**

2 **Breathe out** and slowly **bend one knee** up towards the buttocks until it reaches a 90 degree angle. **Do**

not allow thigh to move backwards as leg is raised.

3

Breathe in and return the leg **slowly** to the starting position.

4

Repeat the activity with other leg.



S⁶

standing heel raises

(WITH OR WITHOUT RESISTANCE)

- 1** **Stand tall** with **feet flat** on the floor and **hip-width** apart.
- 2** Hold onto the back of a sturdy chair or counter top for support. **Breathe in.**
- 3** **Breathe out** and **slowly** lift

both heels off the floor.

4

Hold the position for 3 to 5 seconds, and **breathe evenly.**

5

Slowly lower heels to the floor.



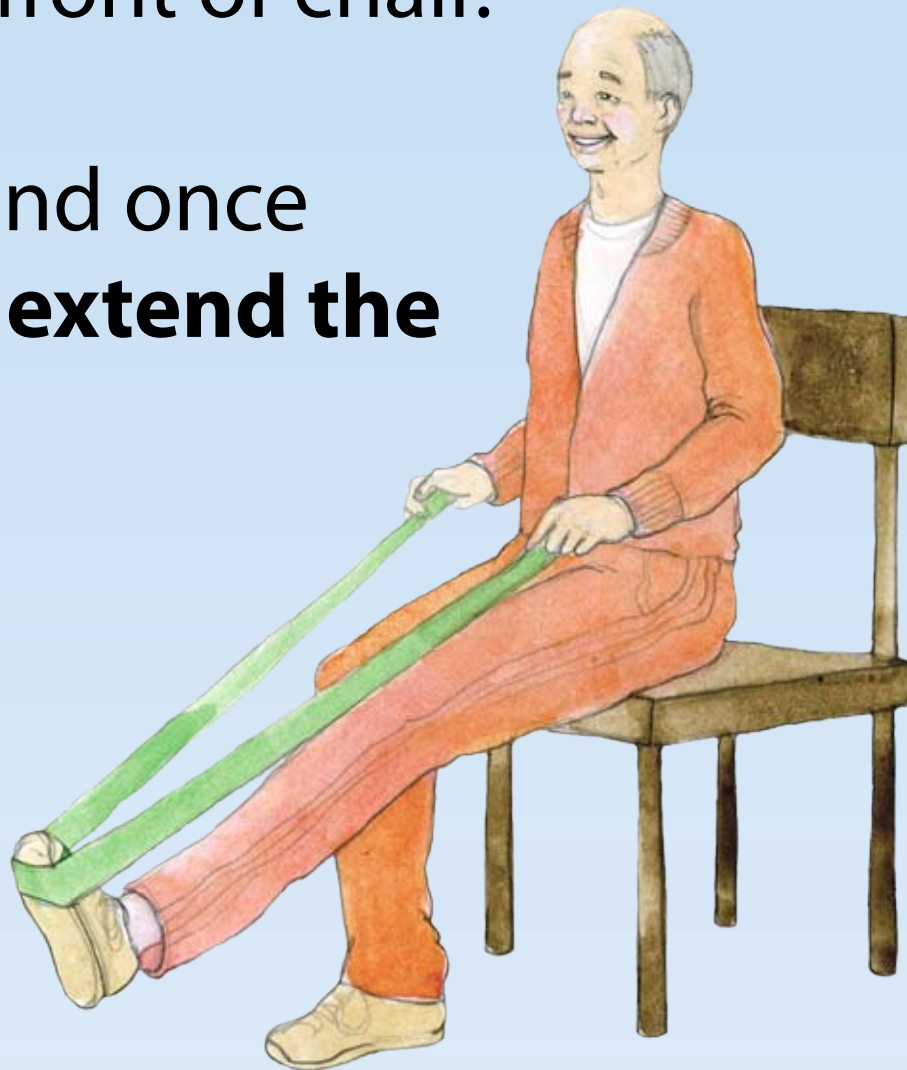
s⁷

seated point & flex

1 **Sit tall** and towards front of chair.

2 Wrap a resistance band once around the foot and **extend the leg.**

3 Hold the ends of the stretched band **firmly in the hands.**



4

Breathe evenly while slowly pointing and flexing the foot of the extended leg. **Maintain tension** on the band throughout the physical activity.

5

Repeat the activity with the opposite leg.



S⁸

seated rows

1

Sit tall in center of chair.

2

Loop resistance band under middle of both feet (heels on floor) and **hold ends firmly**.

3

Breathe out while slowly pulling band towards chest.



4

Squeeze shoulder blades together and keep **elbows close to sides** during pulling motion.

5

Breathe in and **slowly** return resistance band to start position.



chest press

1

Stand tall, feet hip-width apart. **Stomach and chin tucked in** and eyes directed forward.

2

Loop resistance band around back and under the armpits.

3

Wrap ends of band once around hands and **hold**



firmly. Breathe in.

4

Push the arms directly forward and **press the chest muscles** together. **Breathe out** during the pushing motion.

5

Pause, **breathe in** and **slowly** return band to starting position.



triceps extensions

- 1 **Sit** in center of a sturdy chair or stand tall with feet hip-width apart and **eyes directed forward.**
- 2 Wrap resistance band around each hand until length of band is equal to width of shoulders.
- 3 Raise one arm to shoulder level. Bend the elbow and face palm



towards shoulder. **Breathe in.**

4

Breathe out and slowly extend the other arm, while **keeping the elbow close to the side** of the body.

5

Pause, **breathe in** and **slowly** return the extended arm to the starting position.

6

Repeat activity with other arm.





How can I make THE ACTIVITIES more difficult?

1) Increase the number of times I do the strength activity from 8 to 12. Add two repetitions at a time (e.g. 8 to 10 to 12).

2) Add a second set of repetitions with the same resistance band once I can perform the first set of 12 repetitions comfortably. Reduce the number of repetitions back to 8 for each set, and rest for about one minute between sets. Add two repetitions at a time until I can perform 12 repetitions comfortably.

3) Select the next level of resistance band and perform 8 repetitions first, adding two repetitions at a time until I reach 12 again.

Although different manufacturers use different colors for different levels of resistance, Thera-Band® uses the following color coding system:

Yellow - Lowest resistance

Red - Medium resistance

Green - Heavy resistance

Blue - Extra Heavy resistance

To increase the level of resistance, I can also put one band on top of another band of the same resistance when performing the exercise.

Add an ankle weight (1 to 2 lbs maximum) when performing lower body standing exercises such as the leg curls, heel raises, and side leg lifts.

To order Thera-Band®, call 1.800.699.4994



assumption of risk

The distribution of this Strong & Stable guide by the Fall Prevention Center of Excellence is done as a service to older adults to promote activities that may lower the risk for falls.

Before engaging in any physical activity program, you should consult your primary care physician. **If any of the following apply, you should not perform these activities without permission from your Doctor:**

- 1) Your Doctor has advised you not to perform physical activity because of your medical condition(s),
- 2) You are experiencing dizziness or experiencing tightness, pressure, pain, or heaviness in your chest when you perform physical activity,
- 3) You have been told you have congestive heart failure or have uncontrolled blood pressure (160/100 or above).

If you choose to perform any of the Strong & Stable activities in this guide, you are assuming the inherent risks, and may not hold the Fall Prevention Center of Excellence or any person who sponsors, promotes, or distributes these exercise guides liable for injury or harm.



The Andrus Gerontology Center Graphics Department

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Workout **to Go**

A Sample Exercise Routine from the
National Institute on Aging at NIH



Go4Life®





Workout to Go

Are you just starting to exercise? Getting back into a routine after a break? Wanting to keep up your physical activities away from home? The 13 exercises in this sample workout can help. In this booklet, you'll find easy-to-follow strength, balance, and flexibility exercises that you can do anytime, anywhere.

One of the great things about physical activity is that there are so many ways to be active. This workout is only one of them. The secret to success is to be creative, find activities you enjoy, and keep going.

This sample workout is part of **Go4Life**, an outreach campaign from the National Institute on Aging at NIH to help you fit exercise and physical activity into your daily life. For more exercises, motivational tips, real-life success stories, and other free materials, visit our website:

www.nia.nih.gov/Go4Life

Go4Life is a registered trademark of the U.S. Department of Health and Human Services.



Get Ready

Before you begin, here are a few things to keep in mind.

- **Safety always comes first.**

If you haven't had regular checkups, you might want to talk with your doctor about your workout plans. Ask if there are any reasons to modify your program or adjust the exercises to do them safely. Always listen to your body and do what you can as long as you're comfortable.

- **Drink plenty of water.**

Unless your doctor has asked you to limit fluids, be sure to drink water when you exercise. Many older adults don't feel thirsty even when their body needs fluids.

- **Wear comfortable clothes.**

Be sure to wear clothes that let you move freely.

Get Set

For the workout, you'll need two tennis balls, a sturdy chair with arms, a towel, and two equally weighted objects—like hand or wrist weights, soup cans, or water bottles. You may need to use 1- or 2-pound weights when starting out. As the exercises become easier, gradually add more weight.

You will start the sample workout by warming up. Then, move on to the strength and balance exercises. For each exercise, we show one set of 10-15 repetitions. Try doing 3 sets, and then cool down with the flexibility exercises.



WHAT YOU NEED



Safety Tips

- **Breathe regularly during strength exercises.**
For example, breathe out as you lift the weight, and breathe in as you relax. When doing leg lifts, breathe out as you lift your leg and breathe in as you lower it.
- **Use smooth, steady movements when lifting weights.**
To prevent injury, don't jerk or thrust weights into position.
- **Keep your arm and leg joints slightly bent.**
Avoid "locking" your arm and leg joints in a tightly straightened position.
- **Choose a sturdy chair with arms.**
Make sure the chair is stable enough to support you when seated or when holding on during the exercise.
- **Make slow, steady movements.**
Never "bounce" into a stretch.
- **Always bend forward from the hips, not the waist.**
If you keep your back straight, you're bending the right way.
- **Stop if you feel pain.**
You might feel some soreness after you exercise, but exercise should not hurt or make you feel really tired. In fact, in many ways, being active will probably make you feel better.



WARM UP

It's important to spend about 5 minutes at the beginning of your routine to warm up. Warming up gives your muscles a chance to get ready to work. Warm-up activities can help you prevent injury and reduce muscle soreness later.

Suggestions

- Take a walk.
- Ride a bike.
- Dance around your living room or kitchen.
- Walk up and down the stairs a few times.



STRENGTH EXERCISES

Hand Grip

- 1 Hold a tennis ball in each hand.
- 2 Slowly squeeze the ball as hard as you can and hold it for 3-5 seconds.
- 3 Relax the squeeze slowly.
- 4 Repeat 10-15 times.



Wall Push-Up

- 1 Face a wall, standing a little farther than arm's length away, feet shoulder-width apart.
- 2 Lean forward and put your palms flat against the wall at shoulder height and shoulder-width apart.
- 3 Slowly bend your elbows and lower your upper body toward the wall. Keep your feet flat on the floor.
- 4 Hold the position for 1 second.
- 5 Slowly push yourself back until your arms are straight.
- 6 Repeat 10-15 times.



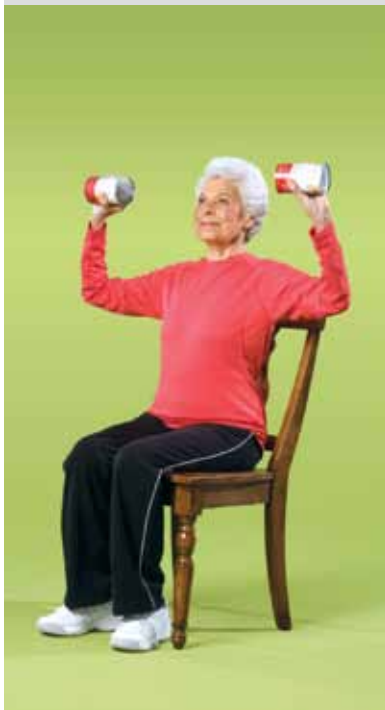
Overhead Arm Raise

You can do this exercise while standing or sitting with your feet flat on the floor, shoulder-width apart.

- 1 Hold weights at your sides at shoulder height with palms facing forward.
- 2 Slowly raise both arms up over your head keeping your elbows slightly bent.
- 3 Hold the position for 1 second.
- 4 Slowly lower your arms.
- 5 Repeat 10-15 times.




TIP: *As you progress, use a heavier weight and alternate arms until you can lift the weight comfortably with both arms.*



Back Leg Raise

- 1 Stand behind a sturdy chair, holding on for balance.
- 2 Slowly lift one leg straight back without bending your knee or pointing your toes. Try not to lean forward. The leg you're standing on should be slightly bent.
- 3 Hold the position for 1 second.
- 4 Slowly lower your leg.
- 5 Repeat 10-15 times.
- 6 Repeat 10-15 times with the other leg.

 **TIP:** *As you progress, you may want to add ankle weights. You also can challenge yourself to improve your balance (see page 14).*



Side Leg Raise

- 1 Stand behind a sturdy chair, holding on for balance.
- 2 Slowly lift one leg out to the side. Keep your back straight and your toes facing forward. The leg you're standing on should be slightly bent.
- 3 Hold the position for 1 second.
- 4 Slowly lower your leg.
- 5 Repeat 10-15 times.
- 6 Repeat 10-15 times with the other leg.




TIP: *As you progress, you may want to add ankle weights. You also can challenge yourself to improve your balance (see page 14).*



Toe Stand

- 1 Stand behind a sturdy chair, feet shoulder-width apart, holding on for balance.
- 2 Slowly stand on tiptoes as high as possible.
- 3 Hold the position for 1 second.
- 4 Slowly lower heels to the floor.
- 5 Repeat 10-15 times.


 **TIP:** As you progress, try doing the exercise standing on one leg at a time for a total of 10-15 times on each leg. You also can challenge yourself to improve your balance (see page 14).



BALANCE EXERCISES

Stand on One Foot

- 1 Stand on one foot behind a sturdy chair, holding on for balance.
- 2 Hold the position for 10 seconds.
- 3 Repeat 10-15 times.
- 4 Repeat 10-15 times with the other leg.

 **TIP:** *As you progress, you can also challenge yourself to improve your balance (see page 14).*



Heel-to-Toe Walk


If you are unsteady on your feet, try doing this exercise near a wall so you can steady yourself if you need to.

- 1 Place the heel of one foot just in front of the toes of the other foot so that they touch or almost touch. Raise arms to your sides, shoulder height.
- 2 Choose a spot ahead of you and focus on it to keep you steady as you walk.
- 3 Take a step. Put your heel just in front of your other foot.
- 4 Repeat for 20 steps.



Balance Walk

- 1 Raise arms to your sides, shoulder height.
- 2 Choose a spot ahead of you and focus on it to keep you steady as you walk.
- 3 Walk in a straight line with one foot in front of the other.
- 4 As you walk, lift your back leg. Pause for 1 second before stepping forward.
- 5 Repeat for 20 steps.

 **TIP:** As you progress, try looking from side to side as you walk, but skip this step if you have inner-ear problems.





CHALLENGE YOURSELF TO IMPROVE YOUR BALANCE

Exercises to strengthen your legs and ankles also can help improve your balance. As you progress, try adding these challenges to help even more.

- Start by holding on to a study chair with both hands for support.
- To challenge yourself further, try holding on with only one hand.
- As you feel steady, use just one finger for balance, or try the exercises without holding on.
- When you are steady on your feet, try doing the exercises with your eyes closed.





COOL DOWN

Cooling down at the end of your workout gives your muscles a chance to gradually return to rest. Again, this is important to prevent injury. To cool down, take about 5 minutes to do the following 4 flexibility exercises.

FLEXIBILITY EXERCISES

Ankles


- 1 Sit securely toward the edge of a sturdy chair.
- 2 Stretch your legs out in front of you.
- 3 With your heels on the floor, bend your ankles to point toes toward you.
- 4 Hold the position for 10-30 seconds.
- 5 Bend ankles to point toes away from you and hold for 10-30 seconds.
- 6 Repeat 3-5 times.



Back

If you've had hip or back surgery, talk with your doctor before trying this stretch.

- 1 Sit toward the front of a sturdy chair with armrests, with your feet flat on the floor, shoulder-width apart. Stay as straight as possible.
- 2 Slowly twist to the left from your waist without moving your hips. Turn your head to the left. Lift your left hand and hold on to the left arm of the chair. Place your right hand on the outside of your left thigh.
- 3 Hold the position for 10-30 seconds. Slowly return to face forward.
- 4 Repeat 3-5 times. Reverse positions and repeat 3-5 times on the right side.

 **TIP:** As you progress, try lifting your left arm and resting it comfortably on the back of the chair. Hold on to the left armrest with your right arm. Repeat on your right side.



Thigh

If you've had hip or back surgery, talk with your doctor before doing this stretch.

- 1 Stand behind a sturdy chair with your feet shoulder-width apart and knees straight, but not locked.
- 2 Hold on to the chair for balance with your right hand.
- 3 Bend your left leg back and grab your foot in your left hand. Keep your knee pointed to the floor. If you can't grab your ankle, loop a resistance band, belt, or towel around your foot and hold both ends.
- 4 Gently pull your leg until you feel a stretch in your thigh.
- 5 Hold the position for 10-30 seconds.
- 6 Repeat 3-5 times.
- 7 Repeat 3-5 times with your right leg.



Shoulder and Upper Arm

If you have shoulder problems, talk with your doctor before trying this stretch.

- 1 Stand with your feet shoulder-width apart.
- 2 Hold one end of a towel in your right hand.
- 3 Raise and bend your right arm to drape the towel down your back.
- 4 Reach behind your lower back and grasp the towel with your left hand.
- 5 Pull the towel down with your left hand. Stop when you feel a stretch in your right shoulder.
- 6 Repeat 3-5 times.
- 7 Reverse positions and repeat 3-5 times to stretch your left shoulder.



TIP: As you progress, try pulling the towel down farther, but not so far that it hurts.





PROGRESSING

You should begin to feel stronger and more energetic once you start exercising regularly. The exercises will get easier. This tells you that your body is getting used to a higher level of activity, and it's time to build on those benefits by doing more.

Gradually increase the amount of weight you use to build strength, try some of the challenges on page 14 to improve your balance, or reach farther in your stretching exercises.

Don't forget to congratulate yourself on your efforts. You've made great progress and you're ready to do more!



Find Out More

For more information on how to exercise safely, check out the following **FREE** resources from **Go4Life**, the exercise and physical activity campaign from the National Institute on Aging at NIH.

- **Visit the Go4Life website at www.nia.nih.gov/Go4Life**

Be part of the **Go4Life** Team. Use **My Go4Life** to make your own exercise plan and track your progress, share your success story, and check out other free resources.



- ***Exercise & Physical Activity: Your Everyday Guide from the National Institute on Aging***

This easy-to-read print book, available in English and Spanish, has additional sample exercises, worksheets to help you track your progress, tips on healthy eating, real-life success stories, and more ideas to encourage you to exercise safely and build up the benefits.



- ***Go4Life Everyday Exercises from the National Institute on Aging (DVD)***

Join personal trainer Sandy Magrath and friends as they show you how to do strength, balance, and flexibility exercises. This DVD features exercises you can do at home, at work, in the gym, almost anywhere. Mix and match them. Be creative and have fun!



Designed to fit easily into your purse or travel bag, *Workout to Go* can help you stay in shape for the activities you enjoy most—biking, dancing, working in the garden, or playing with your grandchildren. You can do these easy-to-follow strength, balance, and flexibility exercise anytime, anywhere!

“I love living life to its fullest, but with my family responsibilities and my volunteer work, life can get pretty hectic. This wonderful Go4Life resource helps me stay fit and exercise safely. And what’s great is I can do these exercises wherever I happen to be.”

—Pat Lynch, age 60

“As a doctor, I’m an ardent believer in exercise and eating well. Several years ago, I started doing daily strength and balance exercises as recommended in the exercise guide from the National Institute on Aging at NIH. These simple exercises help me maintain my active lifestyle.”

—Samarendra Dutta, MD, PhD, age 87



National Institute on Aging
National Institutes of Health

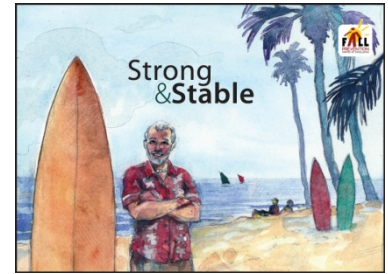
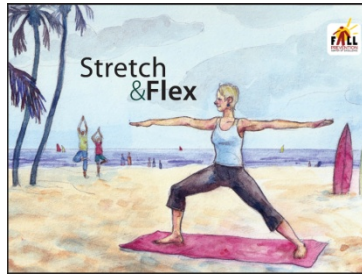
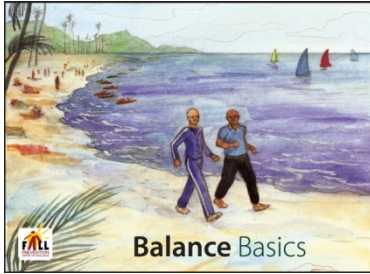
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Older Adults and Alcohol

You can get help

From the National Institute on Aging

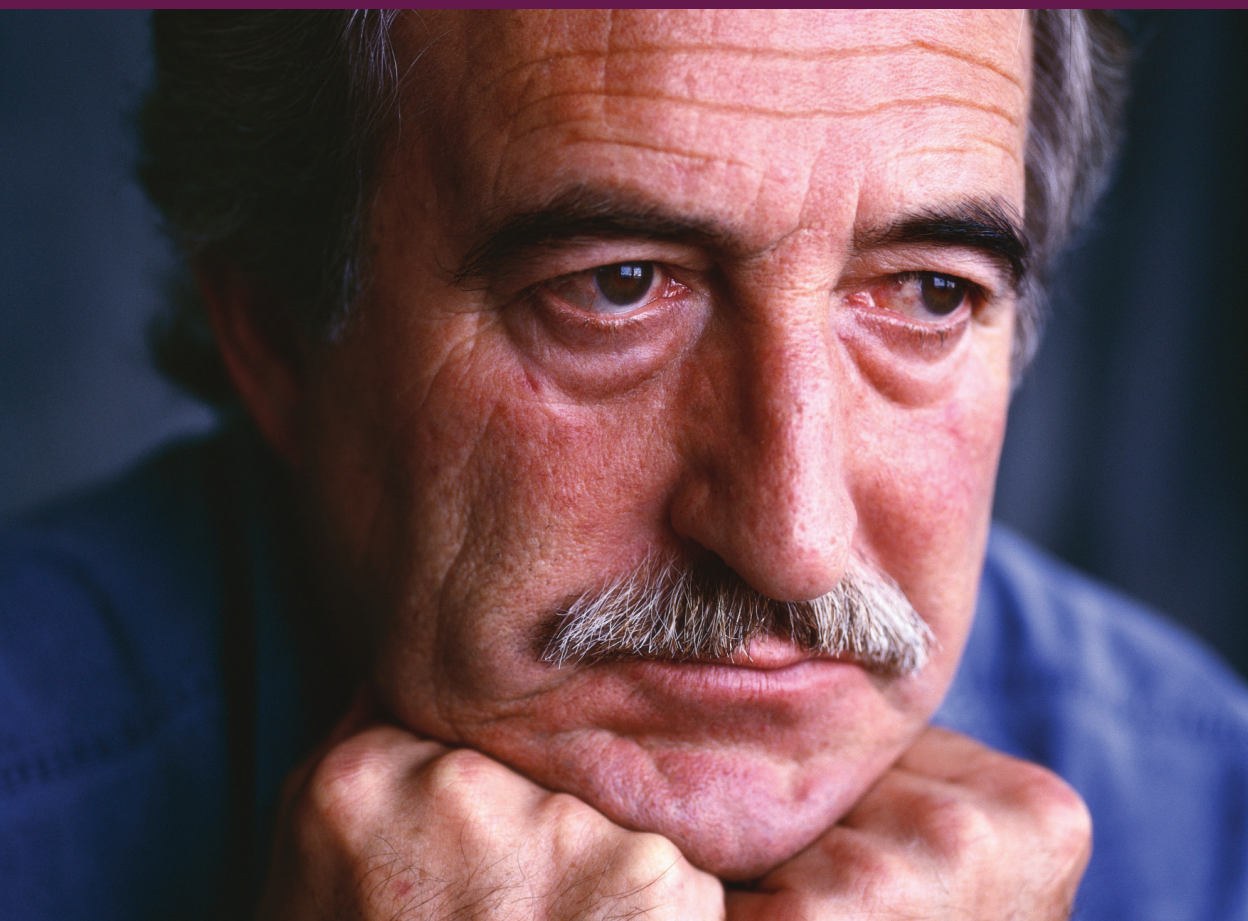


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Tips about using this booklet

Use the Table of Contents to help you find things quickly. Also, page 17 of the booklet has a list of groups you can call for more information about alcohol.



What's inside

Read this booklet to learn about alcohol and aging. Use it to start talking about how drinking may be affecting your life. Share this booklet with your friends and family. Don't miss the special section on page 12 to learn how friends and family can help.

Family support can often make a big difference.

This booklet will help you learn about:

- some problems older people may have with alcohol
- what you can do if you think you have a drinking problem
- how your family and friends can help

Get the facts about aging and alcohol

You can become more sensitive to alcohol as you get older

“I’ll be 68 in March. I’ve had a beer or two every night since I was in my mid-30s. Never had a problem until a few months ago. Lately, when I drink my beer, I feel a little tipsy. My son says I’m slurring my words. What’s going on?”

As people age, they may become more sensitive to alcohol’s effects. The same amount of alcohol can have a greater effect on an older person than on someone who is younger. Older women are more sensitive than older men to the effects of alcohol. Over time, someone whose drinking habits haven’t changed may find she or he has a problem.

Did you know?

Alcohol can put you and others at risk. Drinking even a small amount can increase the risk of falls, injuries, accidents, and car crashes.

Heavy drinking can make some health problems worse

“I take medicine to keep my diabetes under control. Every night I have a couple of shots of whiskey. Now my doctor says I need to stop drinking. It isn’t going to be easy, but I guess it’s something I need to do to stay healthy.”

Heavy drinking can make some health problems worse. It is important to talk to your doctor if you have problems like high blood sugar (diabetes). Heavy drinking can also worsen health problems such as weak bones (osteoporosis).

Older adults are more likely to have health problems that can be made worse by alcohol. Some of these health problems are:

- stroke
- high blood pressure
- diabetes
- ulcers
- osteoporosis
- memory loss
- mood disorders

Sometimes trouble with alcohol in older people is mistaken for other conditions related to aging, for example, a problem with balance. Talk with your doctor or other healthcare worker about how alcohol can affect your health.

Medicines and alcohol don't mix

“I was taking strong medicine for a bad cold. When I had my usual glass of wine at dinner, I felt dizzy. That’s never happened before.”

Many prescriptions, over-the-counter medicines, and herbal remedies can be dangerous or even deadly when mixed with alcohol. Always ask your doctor or pharmacist if you can safely drink alcohol. Read the labels on all of your medicines. Some labels say, “Do not use with alcohol.”



Some problems from mixing medicine and alcohol:

Taking aspirin and drinking alcohol can raise the chance of bleeding in your stomach.

You can get very sleepy if you drink alcohol and take cold or allergy medicines.

Some cough syrups you may take have a high amount of alcohol in them. If you drink at the same time, your alcohol level will go up.

Drinking alcohol while taking some sleeping pills, pain pills, or anxiety or depression medicine can be very dangerous.

You can hurt your liver if you drink and take a lot of painkillers that have the word “acetaminophen” on the label. Always check the warning labels.

Facts about alcohol and aging:

You can become more sensitive to alcohol as you get older.

- Heavy drinking can make some health problems worse.
- Medicines and alcohol don't mix.

There may be many reasons to stop drinking

Check off any reasons that sound true for you.

I would like to quit drinking because:

- I want to be healthy by keeping my high blood sugar (diabetes) under control.
 - I want to lower my blood pressure.
 - I want to keep my liver working right.
 - I don't want to hurt anyone by driving after I've been drinking.
 - I don't want to fall and hurt myself.
 - I'm tired of feeling sleepy or sick the morning after I drink.
 - I want to enjoy the things I used to do.
 - I want to stop feeling embarrassed about how I act when drinking.
 - List other reasons here: _____
-
-

Some people can cut back on their drinking. Some people need to stop drinking altogether. Making a change in your drinking habits can be hard. Don't give up! If you do not reach your goal the first time, try again. Ask your family and friends for help. Talk to your doctor if you are having trouble quitting. **Get the help you need.**

There is help

If you think you have a drinking problem, here are some things you can do:

- Find a support group for older adults with alcohol problems.
- Talk to a healthcare professional like your doctor. Ask your doctor about medicines that might help.
- Contact your local health department or social services agencies for help.
- Talk to a trained counselor who knows about alcohol problems in older adults.
- Choose individual, group, or family therapy, depending on what works for you.
- Join a 12-step program like AA (Alcoholics Anonymous) that offers support and programs for people who want to quit drinking.



Check off the tips you will try to help you cut back on or stop drinking:

- Remove alcohol from your home.
- Eat food when you are drinking—don't drink on an empty stomach. When you drink, sip slowly.
- Say “no thanks” or “I'll have something else instead” when offered a drink.
- Avoid drinking when you are angry or upset or if you've had a bad day.
- Avoid people, places, and times of day that may trigger your drinking. Plan what you will do if you are tempted to drink.
- Call your doctor or other healthcare worker, the senior center near you, or your local Area Agency on Aging to find the names of places where you can get help.
- Reward yourself for not drinking! Use the time and money spent on drinking to do something you enjoy. Remember to stay healthy for the fun things in life.

Have you been a heavy drinker for years or do you drink often? It is important to talk to your doctor before making a change in your drinking. There may be some side effects from a sudden change. Medicine can help.

Your questions answered



Q. I have been drinking for most of my adult life. Is it too late to quit?

A. No. Many older adults decide to quit drinking later in life. Treatment can work! Changing an old habit is not easy, but it can be done.

Q. My neighbor was never much of a drinker, but since he retired I see him sitting in the backyard every day, drinking. Is it really possible for someone to start to have a drinking problem later in life?

A. Some adults do develop a drinking problem when they get older. Health worries, boredom after retirement, or the death of friends and loved ones are some of the reasons why older people start drinking. Feeling tense or depressed can also sometimes be a trigger for drinking.

Q. What counts as one drink?

A. One drink is equal to one of the following:



One 12-ounce can or bottle of regular beer, ale, or wine cooler



One 8- or 9-ounce can or bottle of malt liquor



One 5-ounce glass of red or white wine



One 1.5-ounce shot glass of distilled spirits like gin, rum, tequila, vodka, or whiskey. The label will say 80 proof or less.

It is helpful to understand the “standard” drink sizes in order to follow health guidelines. However, it also is important to keep in mind that drinks may be stronger than you think they are if the actual serving sizes are larger than the standard sizes. In addition, drinks within the same beverage category, such as beer, can contain different percentages of alcohol.

Q. What’s too much for a person over age 65 to drink each week? Each day?

A. Everyone is different. If you are healthy and 65 years or older, you should not have more than 7 drinks in a week. Don’t have more than 1–2 drinks on any given day.

Do you have a health problem? Are you taking certain medicines? You may need to drink less or not drink at all. Talk to your doctor.

Q. Is it true that drinking a glass of red wine every day is good for my health?

A. This may be true for some people, but if you have a problem with alcohol, it's better for you to avoid drinking at all. You can get many of the same health benefits from a glass of grape juice. Ask your doctor or another healthcare worker for advice.

Q. I am worried that my cousin Ruby has a drinking problem. We play cards every week and she drinks through most of the game. The other women in our group have noticed this as well. When I told Ruby we were worried, she just laughed. Is there anything we can do?

A. It isn't always easy to get people to say that they have a drinking problem. Some older adults may be ashamed about their drinking. Others may feel their drinking doesn't hurt anyone. Not everyone who drinks daily has a drinking problem. And, not all problem drinkers have to drink every day. You might want to get help if you or a loved one hides or lies about drinking, has more than 7 drinks a week or more than 2 drinks in one day, or gets hurt or harms others when drinking. Turn to page 12 to learn how you can offer support and get help for yourself.

For family, friends, and caregivers

Marisol, John, and Thelma are all in a support group for people who have friends or family with a drinking problem. During a group meeting, they share their concerns and listen to what their group leader, Ted, suggests for how to help someone with a drinking problem.

Marisol: It's hard to know what to do. When I try to talk to my friend about his drinking, he gets very upset and changes the subject. I want to help him, but I don't want to lose him as a friend.

John: I'm worried that my mother takes a lot of medicines and still drinks. I have no idea if her doctor knows this. I wonder if I should say something to her doctor, but I don't want to betray my mother's trust. I wonder how I can get her to talk to the doctor about the drinking.

Thelma: Sometimes I think I shouldn't say anything about my uncle's drinking. Then something happens, like last week he fell and bruised his arm and face. I'll bet he was drunk. How am I supposed to ignore that? I just don't know if I should get involved or leave it up to his daughter. She does not seem to notice he has a problem.

Ted: You can't force someone to get help, but there are steps you can take to help.

Step 1: Talk.

- Talk about your worries when the person is sober. Try to say what you think or feel, like “I am concerned about your drinking.”
- Give facts. Some people find it helpful just to get information. You could say, “I want to share some things I’ve learned about older adults and alcohol.”
- Try to stay away from labels like “alcoholic.”
- Ask if you can go to the doctor with your family member or friend.

Step 2: Offer your help.

- Suggest things to do that don’t include drinking.
- Encourage counseling or attending a group meeting. Offer to drive to and from these support meetings.
- Give your support during treatment.

Step 3: Take care of yourself.

- You need support, too. Think about what you need to stay safe and healthy.
- Involve other family members or friends so you are not in this alone. Talk honestly about how you are feeling. Try to say what support or help you need.
- Try going to counseling or special meetings that offer support to families and friends of people with drinking problems. There may be programs at your local hospital or clinic. For example, Al-Anon is a support group for friends and family of people with a drinking problem. Find a meeting near you by calling 1-888-425-2666.

Follow these tips for helping a family member or friend who has a drinking problem:

Step 1: Talk.

Step 2: Offer your help.

Step 3: Take care of yourself.

Remember—you can't make a person deal with a drinking problem. You can offer support and get help for yourself.



We did it—so can you!

You can make changes in your drinking habits even if you are an older adult. Here are some stories about people who are like you. Each one has made changes in his or her drinking.

Sober for 4 years and going strong

“I drank heavily from the time I was 22 until I was 69. I never thought I would be able to quit. But I did. It wasn’t easy. I had a lot of help. I still take it a day at a time. It’s been 4 years and so far, so good.”

Found activities I enjoy

“After I retired, I was bored. I suppose I drank to pass the time. My wife urged me to join her at the senior center. A group of us plays cards a few times a week. Having fun replaced drinking, and I don’t even miss it.”

No drinking with medicines

“My doctor said now that I’m taking all these medicines, I shouldn’t drink at all. Having a few cocktails each night could cause even bigger health problems. I decided that the drinking wasn’t worth it.”

Cutting back or quitting can be hard. But, you have probably done other hard things in your life. You can do this, too.



For more information

To learn more about drinking problems:

National Institute on Alcohol Abuse and Alcoholism

1-888-696-4222 (toll-free)

niaaaweb-r@exchange.nih.gov

www.niaaa.nih.gov

To find out how to get help:

Adult Children of Alcoholics World Service Organization

1-310-534-1815

www.adultchildren.org

Alcoholics Anonymous

1-212-870-3400

www.aa.org

Al-Anon

Family Groups Meeting Information Line:

1-888-425-2666 (toll-free)

Main Number: 1-757-563-1600

wso@al-anon.org

www.al-anon.org

Eldercare Locator

1-800-677-1116 (toll-free)

www.eldercare.gov

Substance Abuse and Mental Health Services Administration

1-800-662-HELP (4357) (toll-free)

1-800-487-4889 (TTY/toll-free)

samhsainfo@samhsa.hhs.gov

www.samhsa.gov

To learn more about health and aging:

National Institute on Aging Information Center

1-800-222-2225 (toll-free)

1-800-222-4225 (TTY/toll-free)

niaic@nia.nih.gov

www.nia.nih.gov

Visit [**www.nia.nih.gov/health**](http://www.nia.nih.gov/health) to find more health and aging information from NIA and subscribe to email alerts. Visit [**https://order.nia.nih.gov**](https://order.nia.nih.gov) to order free print publications.



National Institute
on Aging

NIH Publication No. 17-AG-7350
November 2017

Alzheimer's Disease

FACT SHEET

Alzheimer's Disease — Get the Facts

- Changes in the Brain
- Signs and Symptoms
- What Causes Alzheimer's?
- Diagnosis
- Treatment
- Participating in Clinical Trials
- Support for Families and Caregivers
- For More Information

Alzheimer's disease is an irreversible, progressive brain disorder that slowly destroys memory and thinking skills and, eventually, the ability to carry out the simplest tasks. In most people with Alzheimer's, symptoms first appear in their mid-60s. Estimates vary, but experts suggest that more than 5.5 million Americans, most of them age 65 or older, may have dementia caused by Alzheimer's.

Alzheimer's disease is currently ranked as the sixth leading cause of death in the United States, but recent estimates indicate that the disorder may rank third, just behind heart

disease and cancer, as a cause of death for older people.

Alzheimer's is the most common cause of dementia among older adults. Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—and behavioral abilities to such an extent that it interferes with a person's daily life and activities. Dementia ranges in severity from the mildest stage, when it is just beginning to affect a person's functioning, to the most severe stage, when the person must depend completely on others for basic activities of daily living.

The causes of dementia can vary, depending on the types of brain changes that may be taking place. Other dementias include Lewy body dementia, frontotemporal disorders, and vascular dementia. It is common for people to have mixed dementia—a combination of two or more types of dementia. For example, some people have both Alzheimer's disease and vascular dementia.

Alzheimer's disease is named after Dr. Alois Alzheimer. In 1906, Dr. Alzheimer noticed changes in the brain tissue of a

woman who had died of an unusual mental illness. Her symptoms included memory loss, language problems, and unpredictable behavior. After she died, he examined her brain and found many abnormal clumps (now called amyloid plaques) and tangled bundles of fibers (now called neurofibrillary, or tau, tangles).

These plaques and tangles in the brain are still considered some of the main features of Alzheimer's disease. Another feature is the loss of connections between nerve cells (neurons) in the brain. Neurons transmit messages between different parts of the brain, and from the brain to muscles and organs in the body.

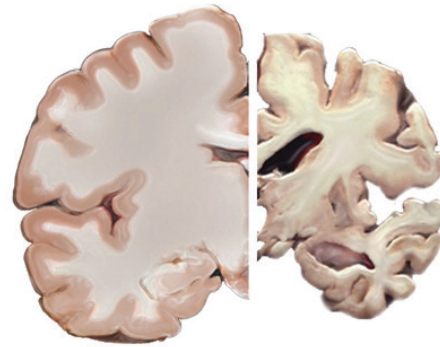
Changes in the Brain

Scientists continue to unravel the complex brain changes involved in the onset and progression of Alzheimer's disease. Changes in the brain may begin a decade or more before memory and other cognitive problems appear. During this preclinical stage of Alzheimer's disease, people seem to be symptom-free, but toxic changes are taking place in the brain. Abnormal deposits of proteins form amyloid plaques and tau tangles throughout the brain. Once-healthy neurons stop functioning, lose connections with other neurons, and die. Many other complex brain changes are thought to play a role in Alzheimer's, too.

The damage initially appears to take place in the hippocampus and the entorhinal cortex, parts of the brain essential in forming memories. As more

Healthy Brain

Severe Alzheimer's



Cross sections of the brain show atrophy, or shrinking, of brain tissue caused by Alzheimer's disease.

neurons die, additional parts of the brain are affected and begin to shrink. By the final stage of Alzheimer's, damage is widespread, and brain volume has shrunk significantly.

For more information about brain changes in Alzheimer's disease, watch the video at www.nia.nih.gov/health/video-how-alzheimers-changes-brain.

Signs and Symptoms

Memory problems are typically one of the first signs of cognitive impairment related to Alzheimer's disease. Some people with memory problems have a condition called mild cognitive impairment (MCI). In MCI, people have more memory problems than normal for their age, but their symptoms do not interfere with their everyday lives. Movement difficulties and problems with the sense of smell have also been linked to MCI. Older people with MCI are at greater risk for developing Alzheimer's, but not all of them do. Some may even go back to normal cognition.

The first symptoms of Alzheimer's vary from person to person. For many, decline in non-memory aspects of cognition, such as word-finding, vision/spatial issues, and impaired reasoning or judgment, may signal the very early stages of Alzheimer's disease. Researchers are studying biomarkers (biological signs of disease found in brain images, cerebrospinal fluid, and blood) to detect early changes in the brains of people with MCI and in cognitively normal people who may be at greater risk for Alzheimer's disease.

Studies indicate that such early detection is possible, but more research is needed before these techniques can be used routinely to diagnose Alzheimer's disease in everyday medical practice.

Mild Alzheimer's Disease

As Alzheimer's disease progresses, people experience greater memory loss and other cognitive difficulties. Problems can include wandering and getting lost, trouble handling money and paying bills, repeating questions, taking longer to complete normal daily tasks, and personality and behavior changes.

People are often diagnosed at this stage.

Moderate Alzheimer's Disease

In this stage, damage occurs in areas of the brain that control language, reasoning, sensory processing, and conscious thought. Memory loss and confusion grow worse, and people begin to have problems recognizing family and friends. They may be unable to learn new things, carry out multistep tasks such as getting dressed, or cope with new situations. In addition, people at this stage may have

hallucinations, delusions, and paranoia and may behave impulsively.

Severe Alzheimer's Disease

Ultimately, plaques and tangles spread throughout the brain, and brain tissue shrinks significantly. People with severe Alzheimer's cannot communicate and are completely dependent on others for their care. Near the end, the person may be in bed most or all of the time as the body shuts down.

What Causes Alzheimer's?

Scientists don't yet fully understand what causes Alzheimer's disease in most people. In people with early-onset Alzheimer's, a genetic mutation may be the cause. Late-onset Alzheimer's arises from a complex series of brain changes that occur over decades. The causes probably include a combination of genetic, environmental, and lifestyle factors. The importance of any one of these factors in increasing or decreasing the risk of developing Alzheimer's may differ from person to person.

The Basics of Alzheimer's

Scientists are conducting studies to learn more about plaques, tangles, and other biological features of Alzheimer's disease. Advances in brain imaging techniques allow researchers to see the development and spread of abnormal amyloid and tau proteins in the living brain, as well as changes in brain structure and function. Scientists are also exploring the very earliest steps in the disease process by studying changes in the brain and body fluids that can be detected

years before Alzheimer's symptoms appear. Findings from these studies will help in understanding the causes of Alzheimer's and make diagnosis easier.

One of the great mysteries of Alzheimer's disease is why it largely strikes older adults. Research on normal brain aging is exploring this question. For example, scientists are learning how age-related changes in the brain may harm neurons and affect other types of brain cells to contribute to Alzheimer's damage. These age-related changes include atrophy (shrinking) of certain parts of the brain, inflammation, vascular damage, production of unstable molecules called free radicals, and mitochondrial dysfunction (a breakdown of energy production within a cell).

Genetics

Most people with Alzheimer's have the late-onset form of the disease, in which symptoms become apparent in their mid-60s. Researchers have not found a specific gene that directly causes late-onset Alzheimer's. However, having one form of the apolipoprotein E (APOE) gene does increase a person's risk. This gene has several forms. One of them, APOE ϵ 4, increases a person's risk of developing the disease and is also associated with an earlier age of disease onset. However, carrying the APOE ϵ 4 form of the gene does not mean that a person will definitely develop Alzheimer's disease, and some people with no APOE ϵ 4 may also develop the disease.

Also, scientists have identified a number of regions of interest in the genome (an

organism's complete set of DNA) that may increase a person's risk for late-onset Alzheimer's to varying degrees.

Early-onset Alzheimer's disease occurs between a person's 30s and mid-60s and represents less than 10 percent of all people with Alzheimer's. Some cases are caused by an inherited change in one of three genes, resulting in a type known as early-onset familial Alzheimer's disease, or FAD. For others, research suggests there may be a genetic component related to factors other than these three genes.

Most people with Down syndrome develop Alzheimer's. This may be because people with Down syndrome have an extra copy of chromosome 21, which contains the gene that generates harmful amyloid.

For more about Alzheimer's genetics research, visit www.nia.nih.gov/health/alzheimers-disease-genetics-fact-sheet.

Health, Environmental, and Lifestyle Factors

Research suggests that a host of factors beyond genetics may play a role in the development and course of Alzheimer's disease. There is a great deal of interest, for example, in the relationship between cognitive decline and vascular conditions such as heart disease, stroke, and high blood pressure, as well as metabolic conditions such as diabetes and obesity. Ongoing research will help us understand whether and how reducing risk factors for these conditions may also reduce the risk of Alzheimer's.

A nutritious diet, physical activity, social engagement, and mentally stimulating pursuits have all been associated with helping people stay healthy as they age. These factors might also help reduce the risk of cognitive decline and Alzheimer's disease. Clinical trials are testing some of these possibilities.

Diagnosis of Alzheimer's Disease

Doctors use several methods and tools to help determine whether a person who is having memory problems has “possible Alzheimer's dementia” (dementia may be due to another cause) or “probable Alzheimer's dementia” (no other cause for dementia can be found).

To diagnose Alzheimer's, doctors may:

- Ask the person and a family member or friend questions about overall health, use of prescription and over-the-counter medicines, diet, past medical problems, ability to carry out daily activities, and changes in behavior and personality
- Conduct tests of memory, problem solving, attention, counting, and language
- Carry out standard medical tests, such as blood and urine tests, to identify other possible causes of the problem
- Perform brain scans, such as computed tomography (CT), magnetic resonance imaging (MRI), or positron emission tomography (PET), to rule

out other possible causes for symptoms.

These tests may be repeated to give doctors information about how the person's memory and other cognitive functions are changing over time.

Alzheimer's disease can be *definitively* diagnosed only after death, by linking clinical measures with an examination of brain tissue in an autopsy.

People with memory and thinking concerns should talk to their doctor to find out whether their symptoms are due to Alzheimer's or another cause, such as stroke, tumor, Parkinson's disease, sleep disturbances, side effects of medication, an infection, or a non-Alzheimer's dementia. Some of these conditions may be treatable and possibly reversible.

If the diagnosis is Alzheimer's, beginning treatment early in the disease process may help preserve daily functioning for some time, even though the underlying disease process cannot be stopped or reversed. An early diagnosis also helps families plan for the future. They can take care of financial and legal matters, address potential safety issues, learn about living arrangements, and develop support networks.

In addition, an early diagnosis gives people greater opportunities to participate in clinical trials that are testing possible new treatments for Alzheimer's disease or other research studies.

Treatment of Alzheimer's Disease

Alzheimer's disease is complex, and it is unlikely that any one drug or other intervention will successfully treat it. Current approaches focus on helping people maintain mental function, manage behavioral symptoms, and slow or delay the symptoms of disease.

Researchers hope to develop therapies targeting specific genetic, molecular, and cellular mechanisms so that the actual underlying cause of the disease can be stopped or prevented.

Maintaining Mental Function

Several medications are approved by the U.S. Food and Drug Administration

Participating in Clinical Trials

Everybody—those with Alzheimer's disease or mild cognitive impairment as well as healthy volunteers with or without a family history of Alzheimer's—may be able to take part in clinical trials and studies. Participants in Alzheimer's clinical research help scientists learn how the brain changes in healthy aging and in Alzheimer's. Currently, at least 270,000 volunteers are needed to participate in about 200 active clinical trials and studies that are testing ways to understand, diagnose, treat, and prevent Alzheimer's disease.

Volunteering for a clinical trial is one way to help in the fight against Alzheimer's disease. Studies need participants of different ages, sexes, races, and ethnicities to ensure that results are meaningful for many people.

The National Institute on Aging (NIA) at the National Institutes of Health (NIH) leads the Federal Government's research efforts on Alzheimer's. NIA-supported Alzheimer's Disease Research Centers throughout the United States conduct a wide range of research, including studies of the causes, diagnosis, and management of Alzheimer's. NIA also sponsors the Alzheimer's Clinical Trials Consortium, which is designed to accelerate and expand studies and therapies in Alzheimer's and related dementias.

To find out more about Alzheimer's and related dementias clinical trials and studies:

- Talk to your health care provider about local studies that may be right for you.
- Contact Alzheimer's disease centers or memory or neurology clinics in your community.
- Search the NIA Clinical Trials Finder for a trial near you or to sign up for email alerts about new trials: www.nia.nih.gov/alzheimers/clinical-trials.
- Sign up for a registry (such as the Alzheimer's Prevention Registry) or matching service (such as TrialMatch) to be invited to participate in studies.

To learn more about participating in clinical trials, visit www.nia.nih.gov/health/clinical-trials.

to treat symptoms of Alzheimer's. Donepezil (Aricept®), rivastigmine (Exelon®), and galantamine (Razadyne®) are used to treat mild to moderate Alzheimer's (donepezil can be used for severe Alzheimer's as well). Memantine (Namenda®), the Exelon® patch, and Namzaric® (a combination of memantine and donepezil) are used to treat moderate to severe Alzheimer's. These drugs work by regulating neurotransmitters, the brain chemicals that transmit messages between neurons. They may help maintain thinking, memory, and communication skills, and help with certain behavioral problems. However, these drugs don't change the underlying disease process. They are effective for some but not all people and may help only for a limited time.

Managing Behavior

Common behavioral symptoms of Alzheimer's include sleeplessness, wandering, agitation, anxiety, and aggression. Scientists are learning why these symptoms occur and are studying new treatments—drug and nondrug—to manage them. Research has shown that treating behavioral symptoms can make people with Alzheimer's more comfortable and makes things easier for caregivers.

Looking for New Treatments

Alzheimer's research has developed to a point where scientists are exploring ways to delay or prevent the disease as well as treat its symptoms. In ongoing clinical trials supported by NIA, scientists are developing and testing several possible interventions. Under study are drug

therapies aimed at a variety of targets, including the beta-amyloid protein, cerebrovascular function, loss of synapses, and specific neurotransmitters, as well as nondrug interventions, such as physical activity, diet, cognitive training, and combinations of these approaches.

For a list of Alzheimer's disease clinical trials, visit www.nia.nih.gov/research/ongoing-AD-trials. For information about current treatments, see www.nia.nih.gov/health/how-alzheimers-disease-treated.

Support for Families and Caregivers

Caring for a person with Alzheimer's disease can have high physical, emotional, and financial costs. The demands of day-to-day care, changes in family roles, and decisions about placement in a care facility can be difficult. There are several evidence-based approaches and programs that can help, and researchers are continuing to look for new and better ways to support caregivers.

Becoming well-informed about the disease is one important strategy. Programs that teach families about the various stages of Alzheimer's and about ways to deal with difficult behaviors and other caregiving challenges can help.

Good coping skills, a strong support network, and respite care are other ways that help caregivers handle the stress of caring for a loved one with Alzheimer's disease. For example, staying physically active provides physical and emotional benefits.

Some caregivers have found that joining a support group is a critical lifeline. These support groups allow caregivers to find respite, express concerns, share experiences, get tips, and receive emotional comfort. Many organizations sponsor in-person and online support groups, including groups for people with early-stage Alzheimer's and their families.

For more information, see www.nia.nih.gov/health/alzheimers/caregiving.

For More Information About Alzheimer's

To get more information about Alzheimer's and learn about support groups and services for people with the disease and their caregivers, contact the following organizations:

Alzheimer's and related Dementias Education and Referral (ADEAR) Center

1-800-438-4380 (toll-free)
adear@nia.nih.gov
www.alzheimers.gov

The National Institute on Aging's ADEAR Center offers information and publications for families, caregivers, and professionals on diagnosis, treatment, patient care, caregiver needs, long-term

care, education and training, and research related to Alzheimer's disease and other dementias. Staff members answer telephone, email, and written requests and make referrals to local and national resources. Visit the ADEAR website to learn more about Alzheimer's and related dementias, find clinical trials, and sign up for email updates.

Alzheimer's Association

1-800-272-3900 (toll-free)
1-866-403-3073 (TTY/toll-free)
info@alz.org
www.alz.org

Alzheimer's Foundation of America

1-866-232-8484 (toll-free)
info@alzfdn.org
<https://alzfdn.org>

Eldercare Locator

1-800-677-1116 (toll-free)
<https://eldercare.acl.gov>

Family Caregiver Alliance

1-800-445-8106 (toll-free)
www.caregiver.org/contact
www.caregiver.org

MedlinePlus

<https://medlineplus.gov/alzheimersdisease.html>



National Institute on Aging
National Institutes of Health
NIH...Turning Discovery Into Health[®]
U.S. Department of Health and Human Services

AgePage

Dietary Supplements for Older Adults

Bill is retired and lives alone. Often, he's just not hungry or is too tired to fix a whole meal. Does he need a multivitamin, or should he take one of those dietary supplements he sees in ads everywhere? Bill wonders if they work — will one help keep his joints healthy or another give him more energy? And, are they safe?

Dietary supplements can be beneficial at any age, but they can also have unwanted side effects, such as unsafe prescription drug interactions. They could also not work at all.

It's important to understand the supplements you are taking and why you are taking them. Talk with your doctor if you are considering taking a supplement.

What Is a Dietary Supplement?

Dietary supplements are substances you might use to add nutrients to your diet or to lower your risk of health problems, such as osteoporosis or arthritis. Dietary supplements come in the form of pills, capsules, powders, gel capsules and tablets, extracts, or liquids. They might contain vitamins, minerals, fiber, amino acids, herbs or other plants, or enzymes. Sometimes, the ingredients in dietary supplements are added to foods and drinks. A doctor's prescription is not needed to buy dietary supplements.

Should I Take a Dietary Supplement?

Eating a variety of healthy foods is the best way to get the nutrients you need. However,

some people may not get enough vitamins and minerals from their daily diet. When that's the case, their doctors may recommend a dietary supplement to provide missing nutrients.

If you are thinking about using dietary supplements:

■ **Learn.** Find out as much as you can about any dietary supplement you might take. Talk with your doctor, pharmacist, or a registered dietitian. A supplement that seemed to help your neighbor might not work for you. If you are reading fact sheets or checking websites, be aware of the source of the information. Could the writer or group profit from the sale of a particular supplement? Read more about choosing reliable health information websites at www.nia.nih.gov/health/online-health-information-it-reliable.

■ **Remember.** Just because something is said to be “natural” doesn't mean it is safe or good for you. It could have side effects. It might make a medicine your doctor prescribed for you either weaker or stronger. It could also be harmful to you if you have certain medical conditions.

■ **Tell your doctor.** Before deciding to start taking a dietary supplement to treat any health condition, check with your doctor. Do not take a supplement to try to diagnose or treat any health condition without first checking with your doctor. Learn how medications can interact with dietary supplements. For more information, visit the National Center for Complementary and Integrative Health at www.nccih.nih.gov.

■ **Buy wisely.** Choose brands that your doctor, dietitian, or pharmacist recommend. Don't buy dietary supplements with ingredients you don't need. Don't assume that more is better — it can actually be harmful to take too many supplements or those with a very high concentration of a nutrient. It is possible to waste money on unneeded supplements.

■ **Check the science.** Make sure any claim about a dietary supplement is based on scientific proof. Look for the United States Pharmacopeia (USP) verified mark. USP verifies the identity,

quality, strength, and purity of supplements. Learn more at www.usp.org/verification-services/verified-mark. Information on some dietary supplements is available on MedlinePlus at https://medlineplus.gov/druginfo/herb_All.html, but it's important to note that most supplements listed have limited evidence of any benefit. If something sounds too good to be true, it probably is.

■ **Be a savvy consumer.** Some advertisements for dietary supplements in magazines, online, or on TV promise that these products will make you feel better, keep you from getting sick, or even help you live longer. It's important to know that often, there is little, if any, science supporting these claims.

Vitamin and Mineral Recommendations for People Over 50

The Dietary Guidelines for Americans, 2020-2025 recommends how much of each vitamin and mineral men and women of different ages need.

For example:

■ **Vitamin B12:** 2.4 mcg (micrograms) each day. If you are taking medicine for acid reflux, you might need a different form, which your health care provider can give you information about.

■ **Calcium:** Women over age 50 need 1,200 mg (milligrams) each day. Men need 1,000 mg between age 51 and 70 and 1,200 mg after 70, but not more than 2,000 mg a day.

■ **Vitamin D:** 600 IU (International Units) for people age 51 to 70 and 800 IU for those over 70, but not more than 4,000 IU each day.

Dietary Supplements for Older Adults

People over age 50 may need more of some vitamins and minerals than younger adults do. Your doctor or a dietitian can tell you whether you need to change your diet or take a vitamin or mineral supplement to get enough of these:

Calcium: Calcium works with vitamin D to keep bones strong at all ages. Bone loss can lead to fractures. Calcium is found in milk and milk products (fat-free or low-fat is best), canned fish with soft bones, dark-green leafy vegetables like kale, and foods with calcium added, such as breakfast cereals.

Vitamin D: Most people in the United States consume less than recommended amounts of vitamin D. Talk with your doctor about adding vitamin D-fortified milk and milk products, vitamin D-fortified cereals, and fatty fish to your diet, or using a vitamin D supplement.

Vitamin B6: This vitamin is needed to form red blood cells. It is found in potatoes, bananas, chicken breasts, and fortified cereals.

Vitamin B12: This helps keep your red blood cells and nerves healthy. While older adults need just as much vitamin B12 as other adults, some have trouble absorbing the vitamin naturally found in food. If you have this problem, your doctor may recommend that you eat foods like fortified cereals with this vitamin added, or take a B12 supplement. Strict vegetarians and vegans are at greater risk of developing vitamin B12 deficiency because natural food sources of vitamin B12 are limited to animal foods. Talk with your doctor about whether taking a B12 supplement is right for you.

■ **Vitamin B6:** 1.7 mg for men and 1.5 mg for women each day.

Sometimes, too much of a vitamin or mineral can be harmful. Most, if not all, of your daily vitamins and minerals should come from food. When thinking about whether you need more of a vitamin or mineral, think about how much of each nutrient you get from food and drinks, as well as from any supplements you take. Check with a doctor or dietitian to learn whether you need to supplement your diet.

For a comprehensive list of vitamin and mineral intake levels for older adults, visit www.dietaryguidelines.gov to read or download the *Dietary Guidelines for Americans, 2020-2025*.

What Are Antioxidants?

You might hear about antioxidants in the news. These are natural substances in food that might help protect you from some diseases. Here are some common antioxidants that you should be sure to include in your diet:

■ **Beta-carotene:** Found in fruits and vegetables that are either dark green or dark orange

■ **Selenium:** Found in seafood, liver, meat, and grains

■ **Vitamin C:** Found in citrus fruits, peppers, tomatoes, and berries

■ **Vitamin E:** Found in wheat germ, nuts, and sesame seeds; and canola, olive, and peanut oils

Currently, research results suggest that large doses of supplements with antioxidants will not prevent chronic diseases such as heart disease or diabetes. In fact, some studies have shown that taking large doses of some antioxidants could be harmful. Again, it is best to check with your doctor before taking a dietary supplement.

Herbal Supplements and Older Adults

Herbal supplements are dietary supplements that come from plants. These types of

supplements are taken by mouth, whether it's by a capsule, tablet, powder, or liquid.

A few that you may have heard of are ginkgo biloba, ginseng, echinacea, and black cohosh. Researchers are looking at using herbal supplements to prevent or treat some health problems, but it's too early to know if these are both safe and useful. Previous studies of certain herbal supplements have not shown any benefits.

It's important to know that just because a supplement is natural, or comes from plants, that doesn't necessarily mean it's safe.

Are Dietary Supplements Safe?

The U.S. Food and Drug Administration (FDA) checks prescription medicines, such as antibiotics or blood pressure drugs, to make sure they are safe and do what they promise. The same is true for over-the-counter drugs such as pain and cold medicines. However, the FDA does not have authority over dietary supplements, which do not have to be approved by this agency for safety or efficacy before being sold to the public.

The federal government does not regularly test what is in dietary supplements, and companies are not required to share information about the safety of these products with the FDA before they sell them. So, just

How Can I Track My Medications and Dietary Supplements?

You may be taking a handful of different medicines, dietary supplements, or over-the-counter drugs. Use the form at www.nia.nih.gov/health/tracking-your-medications-worksheet to help keep track of your medications. Bring a completed and updated copy of this form to every appointment with your doctor.

because a dietary supplement is on a store shelf, that does not mean it is safe, does what the label says it will, or contains what the label states.

If the FDA receives reports of possible problems with a supplement, it will issue warnings about the product. The FDA may also take supplements that are found to be unsafe off the market.

The Federal Trade Commission investigates reports of ads that might misrepresent what dietary supplements do. A few private groups, such as the U.S. Pharmacopeia, NSF International, ConsumerLab.com, and the Natural Products Association, have their own “seals of approval” for dietary supplements. To earn such a seal, products must be made by following good manufacturing procedures, must contain what is listed on the label, and must not have harmful levels of ingredients that don’t belong there, such as lead.

Whether you take dietary supplements or not, it’s still important to follow a healthy lifestyle. Try sticking to a healthy diet, being physically active, keeping your mind active, not smoking, and seeing your doctor regularly.

For More Information About Dietary Supplements

Office of Dietary Supplements

National Institutes of Health

301-435-2920

ods@nih.gov

<https://ods.od.nih.gov>

Department of Agriculture Food and Nutrition Information Center

301-504-5755

fnic@ars.usda.gov

www.nal.usda.gov/fnic

Dietary Guidelines for Americans

dietaryguidelines@usda.gov

www.dietaryguidelines.gov

Federal Trade Commission

877-382-4357 (toll-free)

866-653-4261 (TTY/toll-free)

www.consumer.ftc.gov/health

Food and Drug Administration Center for Food Safety and Applied Nutrition

888-723-3366 (toll-free)

odsp@fda.hhs.gov

www.fda.gov/food/dietarysupplements/default.htm

MedlinePlus

National Library of Medicine

www.medlineplus.gov

National Center for Complementary and Integrative Health

888-644-6226 (toll-free)

866-464-3615 (TTY/toll-free)

info@nccih.nih.gov

www.nccih.nih.gov

United States Pharmacopeia (USP)

301-881-0666

800-227-8772 (toll-free)

www.usp.org

For more information on health and aging, contact:

National Institute on Aging Information Center

800-222-2225 (toll-free)

800-222-4225 (TTY/toll-free)

niaic@nia.nih.gov

www.nia.nih.gov

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National Institute on Aging

AgePage

Older Drivers

At age 78, Sheila thinks she's a good driver, but, this year, she's had a minor accident and several near misses. She's noticed a few new dents on her car and doesn't know how they got there. Sheila wonders how she can stay safe behind the wheel.

Have you been worried about your driving? Have your family or friends expressed concern? Changes in your health may affect your driving skills over time. Don't risk hurting yourself or others. Talk with your doctor about any concerns you have about your health and driving.

Stiff Joints and Muscles

As you age, your joints may get stiff, and your muscles may weaken. Arthritis, which is common among older adults, might affect your ability to drive. These changes can make it harder to turn your head to look back, turn the steering wheel quickly, or brake safely.

Safe driving tips:

- See your doctor if pain, stiffness, or arthritis seem to get in the way of your driving.
- If possible, drive a car with automatic transmission, power steering, power brakes, and large mirrors.
- Be physically active or exercise to keep and even improve your strength and flexibility.
- Think about getting hand controls for both the gas and brake pedals if you have leg problems.

Trouble Seeing

Your eyesight can change as you get older. It might be harder to see people, things, and movement outside your direct line of sight. It may take longer to read street or traffic signs or even recognize familiar places. At night, you may have trouble seeing things clearly. Glare from oncoming headlights or street lights can be a problem. Depending on the time of the day, the sun might be blinding.

Eye diseases, such as glaucoma, cataracts, and macular degeneration, as well as some medicines, can also cause vision problems.

Safe driving tips:

- If you are 65 or older, see your eye doctor every year. Ask if there are ways to improve your eyesight.

- If you need glasses or contact lenses to see far away while driving, make sure your prescription is up-to-date and correct. Always wear them when you are driving.
- Cut back on or stop driving at night if you have trouble seeing in the dark. Try to avoid driving during sunrise and sunset, when the sun can be directly in your line of vision.

Trouble Hearing

As you get older, your hearing can change, making it harder to notice horns, sirens, or even noises coming from your own car. Hearing loss can be a problem because these sounds warn you when you may need to pull over or get out of the way.

Safe driving tips:

- Have your hearing checked at least every 3 years after age 50.
- Discuss concerns you have about hearing with your doctor. There may be things that can help.
- Try to keep the inside of the car as quiet as possible while driving.

Slower Reaction Time and Reflexes

As you get older, your reflexes might get slower, and you might not react as quickly as you could in the past. You might find that you have a shorter attention span, making it harder to do two things at once.

Stiff joints or weak muscles also can make it harder to move quickly. Loss of feeling or tingling in your fingers and feet can make it difficult to steer or use the foot pedals. Parkinson's disease or limitations following a stroke can make it no longer safe to drive.

Safe driving tips:

- Leave more space between you and the car in front of you.
- Start braking early when you need to stop.
- Avoid heavy traffic areas or rush-hour driving when you can.
- If you must drive on a fast-moving highway, drive in the right-hand lane. Traffic moves more slowly there, giving you more time to make safe driving decisions.

Medications Can Affect Driving

Do you take any medicines that make you feel drowsy, lightheaded, or less alert than usual? Do medicines you take have a warning about driving? Many medications have side effects that can make driving unsafe. Pay attention to how these drugs may affect your driving.

Safe driving tips:

- Read medicine labels carefully. Look for any warnings.
- Make a list of all of your medicines, and talk with your doctor or pharmacist about how they can affect your driving.

Dementia and Driving

In the early stages of Alzheimer's disease or other types of dementia, some people are able to keep driving. But, as memory and decision-making skills get worse, they need to stop.

People with dementia often do not know they are having driving problems. Family and friends need to monitor the person's driving ability and take action as soon as they observe a potential problem, such as forgetting how to find familiar places like the grocery store or even their home. Work with the doctor to let the person know it's no longer safe to keep driving.

For more information, visit www.nia.nih.gov/health/driving-safety-and-alzheimers-disease.

- Don't drive if you feel lightheaded or drowsy.

Be a Safe Driver

Maybe you already know that driving at night, on the highway, or in bad weather is a problem for you. Some older drivers also have problems when yielding the right of way, turning (especially making left turns), changing lanes, passing, and using expressway ramps.

Safe driving tips:

- Have your driving skills checked by a driving rehabilitation specialist, occupational therapist, or other trained professional.

- Take a defensive driving course. Some car insurance companies may lower your bill when you pass this type of class. Organizations like AARP, American Automobile Association (AAA), or your car insurance company can help you find a class near you. See *For More Information About Older Drivers* for contact information.

- When in doubt, don't go out. Bad weather like rain, ice, or snow can make it hard for anyone to drive. Try to wait until the weather is better, or use buses, taxis, or other transportation services.

- Avoid areas where driving can be a problem. For example, choose a route that avoids highways or other high-speed roadways. Or, find a way to go that requires few or no left turns.

- Ask your doctor if any of your health problems or medications might make it unsafe for you to drive. Together, you can make a plan to help you keep driving and decide when it is no longer safe to drive.

Do You Have Concerns About an Older Driver?

Are you worried about an older family member or friend driving? Sometimes, it can be hard for an older person to realize that he or she is no longer a safe driver. You might want to observe the person's driving skills.

- If it's not possible to observe the older person driving, look out for these signs:
- Multiple vehicle crashes, near misses, and/or new dents in the car
 - Two or more traffic tickets or warnings within the last 2 years; increases in car insurance premiums because of driving issues
 - Comments from neighbors or friends about driving
 - Anxiety about driving at night
 - Health issues that might affect driving ability, including problems with vision, hearing, and/or movement
 - Complaints about the speed, sudden lane changes, or actions of other drivers
 - Recommendations from a doctor to modify driving habits or quit driving entirely

Is It Time to Give Up Driving?

We all age differently. For this reason, there is no way to set one age when everyone should stop driving. So, how do you know if you should stop? To help decide, ask yourself:

- Do other drivers often honk at me?
- Have I had some accidents, even if they were only “fender benders”?
- Do I get lost, even on roads I know?
- Do cars or people walking seem to appear out of nowhere?
- Do I get distracted while driving?
- Have family, friends, or my doctor said they're worried about my driving?

Having “The Talk” About Driving

Talking with an older person about his or her driving is often difficult. Here are some things that might help when having the talk.

- **Be prepared.** Learn about local services to help someone who can no longer drive. Identify the person's transportation needs.
- **Avoid confrontation.** Use “I” messages rather than “You” messages. For example, say, “I am concerned about your safety when you are driving,” rather than, “You're no longer a safe driver.”
- **Stick to the issue.** Discuss the driver's skills, not his or her age.
- **Focus on safety and maintaining independence.** Be clear that the goal is for the older driver to continue the activities he or she currently enjoys while staying safe. Offer to help the person stay independent. For example, you might say, “I'll help you figure out how to get where you want to go if driving isn't possible.”
- **Be positive and supportive.** Recognize the importance of a driver's license to the older person. Understand that he or she may become defensive, angry, hurt, or withdrawn. You might say, “I understand that this may be upsetting” or “We'll work together to find a solution.”

- Am I driving less these days because I'm not as sure about my driving as I used to be?
- Do I have trouble staying in my lane?
- Do I have trouble moving my foot between the gas and the brake pedals, or do I sometimes confuse the two?
- Have I been pulled over by a police officer about my driving?

If you answered “yes” to any of these questions, it may be time to talk with your doctor about driving or have a driving assessment.

How Will You Get Around?

Are you worried you won't be able to do the things you want and need to do if you stop driving? Many people have this concern, but there may be more ways to get around than you think. For example, some areas provide free or low-cost bus or taxi services for older people. Some communities offer a carpool service or scheduled trips to the grocery store, mall, or doctor's office. Religious and civic groups sometimes have volunteers who will drive you where you want to go.

Your local Area Agency on Aging can help you find services in your area. Call 1-800-677-1116, or go to <https://eldercare.acl.gov> to find your nearest Area Agency on Aging.

You can also think about using a car or ride-sharing service. Sound pricey? Don't forget—it costs a lot to own a car.

If you don't have to make car payments or pay for insurance, maintenance, gas, oil, or other car expenses, then you may be able to afford to take taxis or other transportation. You can also buy gas for friends or family members who give you rides.

More Safe Driving Tips

Before you leave home:

- Plan to drive on streets you know.
- Only drive to places that are easy to get to and close to home.
- Avoid risky spots like ramps and left turns.
- Add extra time for travel if you must drive when conditions are poor.
- Limit how much you drive at night.
- Don't drive when you are stressed or tired.

While you are driving:

- Always wear your seat belt and make sure your passengers wear their seat belts, too.
- Wear your glasses and/or hearing aid, if you use them.
- Stay off your cell phone.
- Avoid distractions such as eating, listening to the radio, or chatting.
- Use your window defrosters to keep both the front and back windows clear.

For More Information About Older Drivers

AAA Foundation for Traffic Safety

1-202-638-5944

info@aaaafoundation.org

www.seniordriving.aaa.com

www.aaaafoundation.org

AARP

1-888-687-2277 (toll-free)

1-877-434-7598 (TTY/toll-free)

member@aarp.org

www.aarp.org/auto/driver-safety

Eldercare Locator

1-800-677-1116 (toll-free)

<https://eldercare.acl.gov>

National Highway Traffic Safety Administration

1-888-327-4236 (toll-free)

1-800-424-9153 (TTY/toll-free)

nhtsa.webmaster@dot.gov

www.nhtsa.gov/road-safety/older-drivers

National Library of Medicine: MedlinePlus

www.medlineplus.gov/motorvehiclesafety.html

For more information on health and aging, contact:

National Institute on Aging Information Center

1-800-222-2225 (toll-free)

1-800-222-4225 (TTY/toll-free)

niaic@nia.nih.gov

www.nia.nih.gov

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Forgetfulness: Knowing When to Ask for Help

Maria has been a teacher for 35 years. Recently, she has begun to forget details and has become more and more disorganized. At first, she laughed it off, but her memory problems have worsened. Her family and friends have been sympathetic but are not sure what to do. Parents and colleagues are worried about Maria's performance in the classroom. The principal suggested she see a doctor. Maria wonders if these problems are signs of Alzheimer's disease or just forgetfulness that comes with getting older.

Many people worry about becoming forgetful. They think forgetfulness is the first sign of Alzheimer's disease. Scientists have learned a lot about memory and why some kinds of memory problems are serious while others are not.

Age-Related Memory Changes

Forgetfulness can be a normal part of aging. As people get older, changes occur in all parts of the body, including the brain. As a result, some people may notice that it takes longer to learn new things, they don't remember information as well as they did, or they misplace things such as their eye glasses. These usually are signs of mild forgetfulness rather than serious memory problems.

Some older adults also find that they don't do as well as younger people on complex memory or learning tests. Yet, scientists have found that healthy older adults often do just as well as younger adults on these tests when given

enough time to complete them. In fact, as they age, healthy adults usually improve in areas of mental ability such as vocabulary.

Other Causes of Memory Loss

Some memory problems are related to health issues that may be treatable. For example, medication side effects; vitamin B12 deficiency; chronic alcoholism; and tumors, infections, or blood clots in the brain can cause memory loss or possibly dementia. Some thyroid, kidney, or liver disorders also can lead to memory loss. A doctor should treat these and other types of serious medical conditions as soon as possible.

Emotional problems, such as stress, anxiety, or depression, can make a person more forgetful and can be mistaken for dementia. For example, someone who has recently retired or who is coping with the death of a spouse, relative, or friend may feel sad, lonely, worried, or bored. Trying to deal with these life changes leaves some people confused or forgetful.

Confusion and forgetfulness caused by emotions usually are temporary and go away as the feelings fade. If you struggle with ongoing feelings of forgetfulness or confusion while grieving, it is important to get help from a doctor or counselor. Treatment may require counseling, medication, or both.

More Serious Memory Problems

For some older adults, memory problems can be a sign of mild cognitive impairment, or Alzheimer's disease or a related dementia.

If you are worried about memory problems, see your primary care provider. Your provider may refer you to a neurologist — a physician who specializes in problems related to the brain and central nervous system.

Your provider will review your medical and family history and any prescription or over-the-counter medicines you take. You may also need to do a physical exam and neurological tests to assess memory, balance, language, and other

cognitive functions. Blood tests, urine tests, and brain scans can also help find or rule out possible causes of the memory problems. In addition to talking with you, your provider might ask a family member, caregiver, or close friend for information.

Mild Cognitive Impairment. Some people with memory problems have a condition called mild cognitive impairment (MCI). People with this condition have more cognitive problems (the ability to clearly think, learn, and remember) than normal for people their age. Their symptoms are not as severe as those of people with Alzheimer's disease, and people with MCI are able to carry out their normal daily activities.

Signs of MCI include:

- Losing things often
- Forgetting to go to important events or appointments
- Having more trouble coming up with words than other people of the same age

Family and friends may notice memory lapses, and the person with MCI may worry about losing his or her memory. These worries may prompt the person to see a doctor for diagnosis.

There is no standard treatment or approved medication for MCI, but there may be habits and behaviors you can change and activities you can do to help maintain your memory and thinking skills. If you have MCI, visit your health care provider every six to 12 months to track changes in memory and other thinking skills over time. MCI may be an early sign of Alzheimer's disease, but not everyone with MCI develops Alzheimer's.

Dementia. Dementia is the loss of thinking, memory, reasoning skills, and behavioral abilities to such an extent that these symptoms interfere with a person's daily life and activities. Dementia is not a disease itself, but a group of symptoms caused by certain diseases or conditions such as Alzheimer's disease. Dementia is not a normal part of aging.

Tips for Dealing With Forgetfulness

People with some forgetfulness can use a variety of techniques that may help them stay healthy and deal with changes in their thinking.

- Plan tasks, make "to do" lists, and use memory aids like notes and calendars. Some people find they remember things better if they mentally connect them to a familiar name, song, book, or TV show.
- Keep up interests or hobbies, and develop new ones, such as volunteering and visiting with family and friends.
- Prevent or control high blood pressure. To control or lower high blood pressure, your health care provider may suggest exercise, changes in your diet, and/or medications. These steps can help protect your brain and your heart.
- Engage in physical activity and exercise. Several studies have associated aerobic exercise (such as brisk walking) with better brain function, although more research is needed to say for certain whether exercise can help prevent or delay dementia. Exercise may also help relieve feelings of stress, anxiety, or depression.
- Eat healthy foods. A healthy diet can help reduce the risk of many chronic diseases and may also help keep your brain healthy.
- Limit alcohol use. Heavy or binge drinking over time can cause memory loss and permanent brain damage.
- Get enough sleep, generally seven to eight hours each night.

Symptoms of dementia may include:

- Being unable to remember things
- Asking the same question or repeating the same story over and over
- Becoming lost in familiar places
- Having trouble following directions
- Getting confused about time, people, and places
- Having trouble handling money and paying bills
- Experiencing increased anxiety and/or aggression

Two of the most common causes of dementia in older adults are Alzheimer's disease and vascular dementia. There are currently no medicines that can stop the progression of these conditions or prevent someone from getting them.

In Alzheimer's disease, changes in certain parts of the brain result in the death of many nerve cells. Symptoms of Alzheimer's begin slowly and worsen steadily as damage to nerve cells spreads throughout the brain. As time goes by, forgetfulness gives way to serious problems with memory, judgment, recognizing family and friends, and the ability to perform daily activities. Eventually, the person needs fulltime care.

In vascular dementia, injuries to the vessels supplying blood to the brain lead to the death of brain tissue, often after a stroke or series of strokes. Symptoms of vascular dementia can vary but usually begin suddenly, depending on the location and severity of a stroke. The person's memory, language, reasoning, and coordination may be affected. Mood and personality changes are common as well.

Some people have both Alzheimer's and vascular dementia, a condition known as mixed dementia. Other types of dementia include Lewy body dementia and frontotemporal disorders. More information can be found at www.nia.nih.gov/health/what-dementia-symptoms-types-and-diagnosis.

Treatment for Dementia

A person with dementia should be under a doctor's care. The doctor might be a primary care physician, neurologist, internist, geriatrician, or psychiatrist. The doctor can help treat the patient's physical and behavioral problems (such as agitation or wandering) and answer any questions that the person or family may have.

There currently are several medications approved by the U.S. Food and Drug Administration that may, for some people, help slow down certain dementia symptoms such as memory loss and behavioral problems. They may enable the person to remain independent for longer. However, none of these drugs can prevent or stop the progression of Alzheimer's disease or a related dementia.

Beware of unproven treatments, such as those labeled as dietary supplements, that promise to improve memory or prevent dementia. Talk with your doctor before you take any new product.

Researchers are investigating medications and other interventions to prevent or delay Alzheimer's disease and related dementias.

People with vascular dementia should take steps to prevent further strokes. These include:

- Controlling high blood pressure
- Monitoring and treating high cholesterol and diabetes
- Not smoking

Family members and friends can help people in the early stages of dementia continue their daily routines, physical activities, and social contacts. People with dementia should be kept up to date about the details of their lives, the time of day, where they live, and what is happening at home and beyond. Memory aids such as a calendar, a list of daily plans, or setting reminders on a smartphone or other device may help.

When to Visit the Doctor for Memory Loss

If you, a family member, or a friend has problems remembering recent events or thinking clearly, or has concerns about memory, talk with a doctor. Finding the cause of the problem is important for determining the best course of action. Health care professionals who specialize in Alzheimer's disease and other dementias can recommend ways to manage the problem and suggest treatments and services that may help.

You also might want to consider participating in clinical trials or studies. Clinical trials are research studies that help test if a treatment, like a new drug, is safe and effective in people. People with and without memory problems can take part in clinical trials, which may help themselves, their families, or future generations.

To find out more about participating in clinical trials, call the Alzheimer's and Related Dementias Education and Referral (ADEAR) Center toll-free at 800-438-4380 or visit www.nia.nih.gov/alzheimers/clinical-trials.

For More Information About Forgetfulness

Alzheimer's and Related Dementias Education and Referral (ADEAR) Center

800-438-4380 (toll-free)

adear@nia.nih.gov

www.alzheimers.gov

The National Institute on Aging's ADEAR Center offers information and publications in English and Spanish for families, caregivers, and professionals on diagnosis, treatment, patient care, caregiver needs, long-term care, education and training, and research related to Alzheimer's and related dementias.

Alzheimer's Association

800-272-3900 (toll-free)

866-403-3073 (TTY/toll-free)

info@alz.org

www.alz.org

Alzheimer's Foundation of America

866-232-8484 (toll-free)

info@alzfdn.org

www.alzfdn.org

Eldercare Locator

800-677-1116 (toll-free)

eldercarelocator@n4a.org

www.eldercare.acl.gov

National Library of Medicine MedlinePlus

www.medlineplus.gov

For more information on health and aging, contact:

National Institute on Aging Information Center

800-222-2225 (toll-free)

800-222-4225 (TTY/toll-free)

niaic@nia.nih.gov

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Healthy Eating After 50

Choosing healthy foods is a smart thing to do—no matter your age! Healthy habits like eating well and being physically active can help you reduce your risk of chronic diseases such as heart disease, diabetes, and osteoporosis.

Here are some tips to get you started:

- Eat many different colors and types of vegetables and fruits.
- Make sure at least half your grains are whole grains.
- Limit saturated fat (found mostly in butter, beef fat, and coconut, palm, and palm kernel oils) and *trans* fats (found in processed foods like store-bought baked goods, pizza, and margarine).
- Eat “good” (poly- and monounsaturated) fats, like those found in seeds, nuts, avocados, and fatty fish like salmon. Any fats added in cooking should come from plant-based oils like olive or canola oils.

- Eat 8 ounces of seafood per week. Certain fish, like salmon, shad, and trout, contain less mercury than large fish, like tuna. Mercury can be harmful.

Make Smart Food Choices

Eating a variety of foods from each food group will help you get the nutrients you need. The *2015-2020 Dietary Guidelines for Americans* from the U.S. Department of Agriculture and Department of Health and Human Services describes healthy eating patterns. These guidelines are flexible to help you choose a diet of nutritious foods and drinks that you like, that are available in your area, and that fit your budget.

The *Dietary Guidelines* suggests that people 50 or older choose foods every day from the following:

Vegetables—2 to 3 cups

What is the same as a cup of cut-up vegetables? Two cups of uncooked leafy vegetables.

Fruits—1½ to 2 cups

What is the same as a half cup of cut-up fruit? A fresh 2-inch peach or a half cup of grapes.

Grains—5 to 8 ounces

What is the same as an ounce of grains? A small bagel; a slice of whole grain bread; a cup of flaked, ready-to-eat cereal; or a half cup of cooked rice or pasta.

Protein foods—5 to 6½ ounces

What is the same as an ounce of meat, fish, or poultry? One egg, ¼ cup of cooked beans or tofu, a half ounce of nuts or seeds, or 1 tablespoon of peanut butter.

Dairy—3 cups of fat-free or low-fat milk

What is the same as 1 cup of milk? One cup of plain yogurt, 1½ ounces of hard cheese, or 2 cups of cottage cheese.

Oils—5 to 7 teaspoons

What is the same as oil added during cooking? Foods like olives, nuts, and avocados have a lot of oil in them.

Other—130 to 350 calories

This includes calories from all types of foods and beverages, including baked goods, sweets, and alcohol. If you eat too many foods high in saturated fats or added sugars, you will not have enough calories left for the more nutritious foods you should be eating.

Your doctor may want you to follow a special diet because you have a health problem like heart disease or diabetes. Or, you might have been told to avoid eating some foods because they can change how well your medicines work. Talk with your doctor or a registered dietitian—a nutrition specialist—about foods you can eat instead.

Here's a tip: Stay away from “empty calories.” These are foods and drinks with a lot of calories but not many nutrients—for example, chips, cookies, soda, and alcohol.

If you have high blood pressure or are at risk, your doctor may recommend the DASH Eating Plan. DASH stands for Dietary Approaches to Stop Hypertension. Following this plan can help you lower your blood pressure. See the *For More Information About Healthy Eating* section to find out more about DASH.

How Much Should I Eat?

How much you should eat depends on how active you are. If you eat more calories than your body uses, you gain weight.

What are calories? Calories are a way to count how much energy is in food. The energy you get from food helps you do the things you need to do each day. Try to choose foods that have a lot of the nutrients you need, but not many calories.

Just counting calories is not enough for making smart choices. Think about this: a medium banana, 1 cup of flaked cereal, 1½ cups of cooked spinach, 1 tablespoon of peanut butter, or 1 cup of 1% milk all have roughly the same number of calories. But, the foods are different in many ways. Some have more nutrients than others do. For example, milk gives you more calcium than a banana, and peanut butter gives you more protein than cereal. Some foods can make you feel more full than others.

How Many Calories Do People Over Age 50 Need Each Day?

A woman:

- Who is not physically active needs about 1,600 calories
- Who is somewhat active needs about 1,800 calories
- Who has an active lifestyle needs about 2,000-2,200 calories

A man:

- Who is not physically active needs about 2,000-2,200 calories
- Who is somewhat active needs about 2,200-2,400 calories
- Who has an active lifestyle needs about 2,400-2,800 calories

Here's a tip: Aim for at least 150 minutes (2½ hours) of physical activity each week. Try to be active throughout the day to reach this goal, and avoid sitting for a long time.

Common Problems Older Adults Have with Eating

Does your favorite chicken dish taste different? As you age, your sense of taste and smell may change, and foods may seem to lose flavor. Try extra spices, herbs, or lemon juice to add flavor. Also, medicines may change how food tastes. They can also make you feel less hungry.

Talk to your doctor if this is a problem.

Maybe some of the foods you used to eat no longer agree with you. For example, some people become lactose intolerant. They have stomach pain, gas, or diarrhea after eating or drinking something with milk in it. Your doctor can test to see if you are lactose intolerant.

Are you finding it harder to chew your food? If you have dentures, maybe they do not fit, or your gums are sore. If so, a dentist can help you. Until then, you might want to eat softer foods that are easier to chew.

These are just a few possible problems older adults may have with eating. For more information, visit www.nia.nih.gov/health/overcoming-roadblocks-healthy-eating.

Do Older Adults Need to Drink Water?

With age, you might lose some of your sense of thirst. Don't wait until you feel thirsty to drink water or other fluids. Unless your doctor has told you to limit fluids, drink plenty of liquids like water, milk, or broth.

Try to add liquids throughout the day. You could try low-fat soup for a snack or drink a glass of water when you take a pill. Don't forget to take sips of water, milk, or juice between bites during a meal.

Snacking

Snacks are okay, as long as they are smart food choices. If you want an afternoon pick-me-up or after-dinner snack, have a piece of fruit, or spread peanut butter or low-fat cream cheese on whole wheat toast. Don't forget to include snacks in your daily food count. For example, 1 tablespoon of peanut butter spread on a slice of whole wheat toast counts toward the protein foods group and the grains group. Some ideas for healthy snacking include:

- Have an ounce of cheese with some whole grain crackers, a container of low-fat or fat-free yogurt, or a 1-ounce portion of unsalted nuts.
- Put fruit instead of candy in the bowl on your coffee table.
- Keep a container of washed, raw vegetables in the fridge along with hummus or other healthy dips.
- To limit your portion sizes, don't eat from the bag. Count out a serving and put the bag away.
- When you are out and need a snack, don't be tempted by a candy bar. Instead, take along homemade trail mix in a plastic bag when you go out. If you need to buy a snack while you are on the go, pick up an apple or banana—most convenience stores carry them.

What About Fiber?

Fiber is found in foods from plants—fruits, vegetables, beans, nuts, seeds, and whole grains. Eating more fiber can help prevent stomach or intestinal problems, like constipation. It might also help lower cholesterol and blood sugar.

It is better to get fiber from food than dietary supplements. Start adding fiber slowly. That will help avoid gas. Here are some tips for adding fiber:

- Eat cooked dry beans, peas, and lentils.
- Leave the skin on your fruit and vegetables if possible but wash them first.
- Choose whole fruit over fruit juice.
- Eat whole grain breads and cereals.

Should I Cut Back on Salt?

The usual way people get sodium is by eating salt. The body needs sodium, but too much can make blood pressure go up in some people. Many foods contain some sodium, especially those high in protein. However, most fresh fruits and vegetables do not have much sodium. Salt is added to many canned, boxed, and prepared foods.

People tend to eat more salt than they need. If you are 51 or older, about 1 teaspoon of table salt—2,300 milligrams (mg) sodium—is all you need each day. That includes all the sodium in your food and drink, not just the salt you add. If you have high blood pressure or prehypertension, try to limit sodium to

1,500 mg, or about $\frac{2}{3}$ teaspoon, per day.

Try to avoid adding salt during cooking or at the table. Eat fewer salty snacks and processed foods, such as lunch meats, potato chips, or frozen dinners.

Look for the word sodium, not salt, on the Nutrition Facts panel. Choose foods labeled “low sodium,” “no salt added,” “unsalted,” or “salt free.” The amount of sodium in the same kind of food can vary greatly among brands, so check the label.

Here’s a tip: Spices, herbs, and lemon juice add flavor to your food, so you won’t miss the salt.

What About Fat?

Fat in your diet comes from two places—the fat already in food and the fat added when you cook. Fat gives you energy and helps your body function, but it is high in calories. Some types of fat, like mono- and polyunsaturated fats, provide your body with important nutrients and can be good for you in the right amounts. Other types of fat, like *trans* fat and saturated fat, can be bad for your health. To lower the fat in your diet:

- Choose cuts of meat, fish, or poultry (with the skin removed) with less fat. Trim off any extra fat before cooking.
- Use low-fat or fat-free dairy products and salad dressings.
- Choose unsaturated fats, such as olive, canola, or vegetable oil, for cooking. Check the label.

- Don’t fry foods. Instead, broil, roast, bake, stir-fry, steam, microwave, or boil them.

Keep Food Safe

As you grow older, you must take extra care to keep your food safe to eat. It is harder for you to fight off infections, and some foods could make you very sick.

Handle raw meat, poultry, seafood, and eggs with care. Keep them apart from foods that won’t be cooked or are already cooked. Use hot, soapy water to wash your hands, tools, and work surfaces as you cook.

Don’t depend on sniffing or tasting food to tell what is bad. Try putting dates on the foods in your fridge. Check the “use by” date on foods. If in doubt, toss it out.

Make sure food gets into the refrigerator no more than 2 hours after it is bought or cooked. Use or freeze leftovers within 3 to 4 days.

Can I Afford to Eat Right?

If your budget is limited, it might take some planning to be able to pay for the foods you should eat. Here are some suggestions:

- Buy only the foods you need—a shopping list will help.
- Buy only as much food as you will use. If you buy in bulk, buy only as much as you can use before it goes bad.

- Choose foods with plain (generic) labels or store brands—they often cost less than name brands.
- Plan your meals around food that is on sale.
- Divide leftovers into small servings, label and date, and freeze to use within a few months.

Federal Government programs are available to help people with low incomes buy groceries. To learn more about these programs or find your Area Agency on Aging, contact the Eldercare Locator (see below).

For More Information About Healthy Eating

To learn more about the DASH diet:

National Heart, Lung, and Blood Institute

1-301-592-8573

nhlbiinfo@nhlbi.nih.gov

www.nhlbi.nih.gov/health-topics/dash-eating-plan

To find out about nutrition, meal programs, or getting help with shopping:

Eldercare Locator

1-800-677-1116 (toll-free)

<https://eldercare.acl.gov>

Federal Government Nutrition Websites:

www.choosemyplate.gov—Get resources for healthy eating.

www.foodsafety.gov—Learn how to cook and eat safely.

www.nutrition.gov—Learn more about healthy eating, food shopping, and assistance programs.

National Library of Medicine MedlinePlus

www.medlineplus.gov

USDA Food and Nutrition Information Center

National Agricultural Library

1-301-504-5755

fnic@ars.usda.gov

www.nal.usda.gov/fnic

For more information on health and aging, including nutrition and exercise, contact:

National Institute on Aging Information Center

1-800-222-2225 (toll-free)

1-800-222-4225 (TTY/toll-free)

niaic@nia.nih.gov

www.nia.nih.gov

Visit www.nia.nih.gov/health to find more health and aging information from NIA and subscribe to email alerts. Visit <https://order.nia.nih.gov> to order free print publications.



National Institute
on Aging

NIH...Turning Discovery Into Health®

October 2019

Safe Use of Medicines

Take your medicines
the right way—each day!

From the National Institute on Aging



Table of Contents

Read this booklet for practical tips to make sure you are taking all your medicines the right way. Hear how other older adults practice medicine safety. Share this booklet with your family and friends. Pull it out now and again to remind yourself about medicine safety.

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Neighbors Gail and Alice talk about medicine safety

Alice: I'm glad to see you up and around, Gail. Your heart attack gave us all a scare.

Gail: Me too, Alice. After I got out of the hospital, it was hard to keep track of all my medicines. Can you believe it? I take eight different pills every day! Some with breakfast, some at dinner, two at bedtime.

Alice: How do you keep track of all those pills?

Gail: First off—I learned about my medicines. I talked to my doctor—asked a lot of questions. I wanted to know what I was taking and why. Then I wrote down all the drug names, when I should take them, and how much I need to take.

I keep one list taped to my kitchen cabinet and another in my purse. My medicine list comes in handy when I see the doctor and I want to ask about a certain pill.



Alice: What a good idea. James and I need to make a list too!

Gail: I have another tip. Buy a plastic pillbox. My husband helps me fill a week’s worth of pills at a time. I also leave notes on the fridge and by our bed that say, “Take your pills today!”

Alice: I’m going to try your medicine tips. I bet they will work for us. Gail, you sure aren’t taking any chances with your health.

Gail: Well—I take my pills just like the doctor says—that way I feel in charge of my good health.



Follow Gail's tips to stay on track with your medicines

- Keep a list of all your medicines in a safe place.
- Bring your list when you talk to your doctor or pharmacist.
- Use a pillbox.
- Put notes around the house to remind you to take your medicines each day.
- Talk to your doctor about all the medicines, remedies, and vitamins you use. Include any medicines you buy without a prescription. These are called OTC (over-the-counter) medicines. OTC drugs include things like cough syrup for a cold and antacid for an upset stomach.

Write down:

- the drug name, the doctor who prescribed it, and how much you take
- the name and amount of each remedy, vitamin, and OTC drug you take
- the time of day you take each medicine

Older adults use more medicines than people in other age groups

You may be surprised to learn that people like Gail and Alice who are over 65 years old tend to take more medicines than any other age group. Because older adults may have a number of diseases or health problems at the same time, it is common for them to take many different kinds of drugs.



Your questions answered

Q. I've been taking the same prescription medicine for years. Even though I'm careful to take the same amount as always, the medicine is not working like it did in the past. What is happening?

A. As you age, normal changes happen in the body. You lose water and muscle tone. Also, your kidneys and liver may not pass the drugs through your system as quickly as when you were younger. This means that many medicines act differently in older people. Medicine may take longer to leave your system. Talk to your doctor if you think your medicine is not working as it should.

Q. Why should I talk to my doctor about the remedies, vitamins, and OTC (over-the-counter) medicines I take, along with my regular prescriptions?

A. It is very important to tell your doctor about all the medicines you take. Taking some OTC medicines with your prescription drugs can be dangerous. For example, you should not take aspirin if you are on Coumadin (warfarin) for heart problems.

Some OTC drugs can lead to serious problems if used too often or with certain other drugs. Combining drugs without talking to your doctor could make you sick.

Alcohol, tobacco, and other drugs can affect how well your prescription medicines work. Be honest with your doctor about how much alcohol, tobacco, and other drugs you use.

Tell your doctor about new medicines you're taking each time you visit. That goes for dentists, nurses, and physical therapists, too.

Q. I'm getting sick to my stomach a lot since I started my new pills. Some days I feel so sick I think about not taking the medicine. What should I do?

A. Talk to your doctor about any side effects before you stop taking any medicines. Your doctor may have tips that can help, such as eating a light snack with your pills. You may want to talk to your doctor about switching to a new medicine.

Q. What does it mean to take medicines on an empty stomach?

A. Taking medicines on an empty stomach means that you should take your pills 2 hours before you eat or 2 hours after you eat.

Two examples:

Eat first and take the pills 2 hours later.

If you eat breakfast at 8:00 in the morning, wait for 2 hours or until 10:00 in the morning before you take your pills.

Take the pills first and eat 2 hours later.

If you take your pills at 8:00 in the morning, wait until 10:00 in the morning to eat.

In both cases, your stomach will be empty enough for the pills to work.

Hints to get the best results from your medicines

Use this list to check off the tips you will try. Keep the list handy so you can read it each time you get a new medicine.

Keep a list

- I will write down the names of my prescription drugs and any vitamins, remedies, or OTC drugs I am taking.
- I will keep a list of the doctors who prescribed my medicines and the amount I take.
- I will add any new medicines to my list.

Check labels

- I will check the label on my medicine before I start a new medicine. I will make sure it has my name on it and that I understand the instructions.
- I will call the doctor or pharmacist if I have questions about how to take the medicine.

Take the medicine the right way

- I will take the medicine in the exact amount (never more or less) listed on the label.
- I will take the medicine at the times the doctor told me to take it.

- I will not stop taking my prescription drug unless my doctor says it is okay—even if I am feeling better.
- I will not break or crush my pills unless my doctor or pharmacist says it is okay.
- If I can't afford my medicine, I will talk with my doctor. There may be help.

Learn about side effects

- I will talk to my doctor or pharmacist if I have questions about the written information that comes with my prescription.
- I will call my doctor right away if I am having side effects. My doctor may be able to suggest another medicine or offer hints to lower the side effects.

Play it safe

- I will not give friends or family members medicine meant for me.
- I will not take medicine prescribed for others.
- I will not drink any beer, wine, or hard liquor while I am taking a medicine unless my doctor says it is okay.
- I will not take any medicine that is too old (expired date on the label).
- I will tell my doctor and pharmacist if I have any medication allergies.

Talk to your doctor and pharmacist— get the facts about your medicine



“I talk to my doctor each time she prescribes a new medicine. I take in my list of questions and go point by point. I also find my pharmacist helpful in answering my questions. I’m not one to take medicine without knowing the facts.”

Anyone can become addicted to prescription pain medicines. Never take more medicine than the doctor prescribes. Read more about opioids and prescription pain medicines in *Pain: You Can Get Help*. Contact the National Institute on Aging to get this brochure.

Questions to ask about your medicines

Ask these questions before you leave your doctor's office. Take this list with you each time you visit your doctor. Be sure to write your answers and keep them where you will see them.

Each time you visit, be sure to ask your doctor if you still need to be on all your medicines.

Ask your doctor:

1. What is the name of the medicine and why am I taking it?
2. What medical condition does this medicine treat?
3. How many times a day should I take this medicine? How much medicine should I take?
4. How long will it take this medicine to work? When should I stop taking it?
5. What should I do if I miss a dose?
6. Are there any side effects I should know about? When should I call you if I am having side effects?
7. Can I safely mix this medicine with the remedies, vitamins, and OTC drugs I am taking?

You and your pharmacist



“The labels were so hard to read. I asked my pharmacist to use bigger type on the label. He did it gladly. What a help!”

Before you leave the pharmacy, be sure to:

- Make sure the label has your name on it.
- Make sure you can read and understand the directions on the bottle.
- Make sure the directions are the same as your doctor said. If not, tell the pharmacist.
- Ask for an easy-open cap if you have trouble opening the bottle. Be sure to keep all medicines out of reach of children.
- Find out if the medicine needs be stored in a special place, such as the refrigerator.
- Should I take this medicine with food? Is there anything I should not eat or drink when taking this medicine?
- Is there a generic (non-brand name) version of the drug I can take?

- Is it safe for me to drive while taking this medicine?
- What does “as needed” mean?

Reading a Prescription Label

 Pharmacy Address, USA	← Pharmacy name, address, and phone number
Dr. J. Smith	← Doctor's name
1/11/2018	← Date filled
Rx#: 636226	← Prescription number
Jane Doe Main Street, USA	← Patient's name and address
Name of medicine 10 mg tablet	← Medication name and quantity
Take 1 capsule by mouth every day	← How to take the medication
Refills: 3 Quantity: 30	← Number of refills allowed by certain date
Discard after 12/11/2018	← Date medication should no longer be taken

Your prescription label may have a different format than the one shown. The prescription number is usually printed in the upper left corner of the label.

A list of your medicines

Here is a form you can use. Go over your medicine list with your doctor at each visit. Talk to your pharmacist if you have questions about your medicines. Take this brochure with you.

Pharmacy name:

Phone number:

Name of medicine	Name of prescribing doctor	Amount I take	When & how often	What it's for	Date started	Color/shape

For more information

Contact the following organizations to learn more about using medicines safely.

Centers for Medicare and Medicaid Services

1-800-633-4227 (1-800-MEDICARE/toll-free)

1-877-486-2048 (TTY/toll-free)

www.medicare.gov

Eldercare Locator

1-800-677-1116 (toll-free)

www.eldercare.acl.gov

Food and Drug Administration

1-888-463-6332 (toll-free)

druginfo@fda.hhs.gov

www.fda.gov

National Center for Complementary and Integrative Health

1-888-644-6226 (toll-free)

1-866-464-3615 (TTY/toll-free)

info@nccih.nih.gov

www.nccih.nih.gov

Partnership for Prescription Assistance

1-888-477-2669 (1-888-4PPA-NOW/toll-free)

www.pparx.org

Substance Abuse and Mental Health Services

Administration

1-877-726-4727 (toll-free)

1-800-487-4889 (TTY/toll-free)

<https://findtreatment.samhsa.gov>

U.S. Department of Veterans Affairs

Veterans Benefits Administration

1-877-222-8387 (toll-free)

www.va.gov/health-care/refill-track-prescriptions

To learn more about health and aging:

National Institute on Aging

Information Center

1-800-222-2225 (toll-free)

1-800-222-4225 (TTY/toll-free)

niaic@nia.nih.gov

www.nia.nih.gov

Visit www.nia.nih.gov/health to find more health and aging information from NIA and subscribe to email alerts. Visit <https://order.nia.nih.gov> to order free print publications.

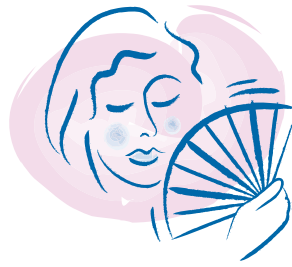


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U.S. DEPARTMENT
OF HEALTH AND
HUMAN SERVICES



National Institute
on Aging

Menopause: Treatment for Symptoms

Tips from the National Institute on Aging

Larissa is 52. She's excited to be starting a new phase of her life as her children leave home and she has more time for her other interests. She's looking forward to traveling and taking a computer class.

But, recent health changes have been getting in the way of her plans. Larissa has been having irregular periods for the past few months. Now, she's getting hot flashes and having trouble sleeping. The hot flashes, which cause her body and face to heat up quickly and uncomfortably, are waking her up several times a night. Larissa is tired and irritable from lack of sleep and fed up with the hot flashes. She is ready to talk with her doctor about finding some relief.

Larissa is experiencing the menopausal transition, a normal part of aging. It is not a disease or disorder. After the menopausal transition, many women feel relieved they no longer have to worry about painful periods, cramps, or getting pregnant.

Some women don't have any trouble with menopausal symptoms. For others, the menopausal transition can bring hot flashes, trouble sleeping, moodiness and irritability, pain during sex, or depression. Some may decide to talk with their doctor about treatments for their symptoms.

There are many factors to consider when thinking about treating menopausal symptoms.

What Is Menopause?

The menopausal transition most often begins between ages 45 and 55. It usually lasts about 7 years but can last as long as 14 years. During the menopausal transition, the body's production of estrogen and progesterone, two hormones made by the ovaries, varies greatly. Bones also become less dense, making women more vulnerable to fractures. During this period, too, the body begins to use energy differently, fat cells change, and women may gain weight more easily.

This time in a woman's life is often full of other transitions—not just physical ones. Women may be caring for aging parents or relatives, supporting their children as they move into adulthood, or taking on new responsibilities at work.

Is It Menopause?

If you are having symptoms commonly associated with the menopausal transition, your doctor may ask questions about your age, symptoms, and family history to determine if it really is the menopausal transition causing your symptoms. In some cases, your doctor may suggest a blood test to check your FSH (follicle-stimulating hormone) and estradiol (E2) levels to rule out any other causes for the changes you're experiencing.

The menopausal transition, sometimes called perimenopause, begins several years before a

woman's last period. During this time, women may experience spotty menstrual cycles, hot flashes, and other changes. While this time is commonly referred to as "menopause," menopause doesn't happen until 1 year after the final menstrual period.

After menopause, women enter post-menopause. Post-menopausal women are more vulnerable to heart disease and osteoporosis. At this time, it is important to eat a healthy diet and make sure you get lots of calcium to keep your bones strong.

A woman who doesn't want to get pregnant should continue to use birth control for at least a full 12 months after her last period.

What Are the Symptoms of Menopause?

Many women experience very mild symptoms that are easily treated by lifestyle changes, like avoiding caffeine or carrying a portable fan to use when a hot flash strikes. Some women don't require any treatment at all. Other symptoms can be more problematic. Common symptoms include:

- Hot flashes
- Disturbed sleep
- Mood swings, depression, or anxiety
- Vaginal dryness and pain during sex

In addition, in some women, symptoms may include aches and pains, headaches, and heart palpitations. Since menopausal symptoms may be caused by changing hormone levels, it is unpredictable how often women will have hot flashes and other symptoms and how severe they will be. Talk with your doctor if these symptoms are interfering with your everyday life. The severity of symptoms varies greatly around the world and by race and ethnicity.

This tip sheet explores treatment options for common symptoms of the menopausal transition.

Hot Flashes: What Can I Do?

Hot flashes are uncomfortable and can last for many years. When they happen at night, hot

flashes are called night sweats. Some women find that hot flashes interrupt their daily lives. The earlier in life hot flashes begin, the longer you may experience them. Research has found that African American and Hispanic women get hot flashes for more years than white and Asian women.

You may decide you don't need to change your lifestyle or investigate treatment options because your symptoms are mild. But, if you are bothered by hot flashes, there are some steps you can take. Try to take note of what triggers your hot flashes and how much they bother you. This can help you make better decisions about managing your symptoms.

Lifestyle Changes to Improve Hot Flashes

Before considering medication, first try making changes to your lifestyle. Doctors recommend women make changes like these for at least 3 months before starting any medication.

- **If hot flashes are keeping you up at night,** keep your bedroom cooler and try drinking small amounts of cold water before bed. Layer your bedding so it can be adjusted as needed. Some women find a device called a bed fan helpful.
- **Carry a portable fan** to use when a hot flash strikes.
- **Avoid alcohol, spicy foods, and caffeine.** These can make menopausal symptoms worse.
- **If you smoke, try to quit,** not only for menopausal symptoms, but for your overall health.
- **Try to maintain a healthy weight.** Women who are overweight or obese may experience more frequent and severe hot flashes.
- **Try mind-body practices like yoga or other self-calming techniques.** Early-stage research has shown that mindfulness meditation, yoga, and tai chi may help improve menopausal symptoms.

Medications: Non-Hormone Options for Treating Hot Flashes

If lifestyle changes are not enough to improve your symptoms, non-hormone options for managing hot flashes may work for you. They may be a good choice if you are unable to take hormones or if you are worried about their potential risks.

The U.S. Food and Drug Administration (FDA) has approved the use of paroxetine, a low-dose selective serotonin reuptake inhibitor (SSRI) antidepressant, to treat hot flashes. Researchers are studying the effectiveness of other antidepressants in this class.

Women who use an antidepressant to help manage hot flashes generally take a lower dose than those who use the medication to treat depression. Side effects depend on the type of antidepressant you take and can include dizziness, headache, nausea, jitteriness, or drowsiness. As with any medication, talk with your doctor about whether this is the right medication for you and how you can manage any possible side effects.

Medications: Treating Hot Flashes and Night Sweats With Hormones

Some women may choose to take hormones to treat their hot flashes. A hormone is a chemical substance made by an organ like the thyroid gland or ovary. During the menopausal transition, the ovaries begin to work less and less well, and the production of hormones like estrogen and progesterone declines over time. It is believed that such changes cause hot flashes and other menopausal symptoms.

Hormone therapy steadies the levels of estrogen and progesterone in the body. It is a very effective treatment for hot flashes in women who are able to use it. There are risks associated with taking hormones, including increased risk of heart attack, stroke, blood clots, breast cancer, gallbladder disease, and dementia. The risks vary by a woman's age and whether she has had a hysterectomy. Women are encouraged to discuss the risks with their healthcare provider.

Women who still have a uterus should take estrogen combined with progesterone or another therapy to protect the uterus. Progesterone is added to estrogen to protect the uterus against cancer, but it also seems to increase the risk of blood clots and stroke. Hormones should be used at the lowest dose that is effective for the shortest period of time possible. (See *What Are the Risks of Using Hormones for Hot Flashes?* on page 4.)

Some women should not use hormones for their hot flashes. You should not take hormones for menopausal symptoms if:

- You have had certain kinds of cancers, like breast cancer or uterine cancer
- You have had a stroke or heart attack, or you have a strong family history of stroke or heart disease
- You have had blood clots
- You have had problems with vaginal bleeding or have a bleeding disorder
- You have liver disease
- You think you are pregnant or may become pregnant
- You have had allergic reactions to hormone medications

Talk with your doctor to find out if taking hormones to treat your symptoms is right for you.

Should I Take Hormones for My Hot Flashes?

Hormones can be very effective at reducing the number and severity of hot flashes. They are also effective in reducing vaginal dryness and bone loss.

Hormone treatments (sometimes called menopausal hormone therapy) can take the form of pills, patches, rings, implants, gels, or creams. Patches, which stick to the skin, may be best for women with cardiac risk factors, such as a family history of heart disease.

There are many types of hormones available for women to treat hot flashes. These include estradiol, conjugated estrogen, selective estrogen receptor

modulators (SERMs), and compounded or synthetic hormones. It is a common misconception that synthetic (“bioidentical”) hormones mixed by a compounding pharmacist are safer and less risky than other hormone therapies. This is not the case. We must assume they have the same risks as any hormone therapy.

Some of the relatively mild side effects of hormone use include breast tenderness, spotting or return of monthly periods, cramping, or bloating. By changing the type or amount of the hormones, the way they are taken, or the timing of the doses, your doctor may be able to help control these side effects or, over time, they may go away on their own.

What Are the Risks of Using Hormones for Hot Flashes?

In 2002, a study that was part of the Women’s Health Initiative (WHI), funded by the National Institutes of Health, was stopped early because participants who received a certain kind of estrogen with progesterone were found to have a significantly higher risk of stroke, heart attacks, breast cancer, dementia, urinary incontinence, and gallbladder disease.

This study raised significant concerns at the time and left many women wary of using hormones.

However, research reported since then found that younger women may be at less risk and have more potential benefits than was suggested by the WHI study. The negative effects of the WHI hormone treatments mostly affected women who were over age 60 and post-menopausal. Newer versions of treatments developed since 2002 may reduce the risks of using hormones for women experiencing the menopausal transition, but studies are needed to evaluate the long-term safety of these newer treatments.

If you use hormone therapy, it should be at the lowest dose, for the shortest period of time it remains effective, and in consultation with a doctor. Talk with your doctor about your medical and family history and any concerns or questions about taking hormones.

Buyer Beware: Unproven, Nonscientific “Treatments” for Hot Flashes

You may have heard about black cohosh, DHEA, or soy isoflavones from friends who are using them to try to treat their hot flashes. These products are not proven to be effective, and some carry risks like liver damage. At this time, it is unknown whether herbs or other “natural” products are helpful or safe. The benefits and risks are still being studied. Always talk with your doctor before taking any herb or supplement to improve your hot flashes or other menopausal symptoms.

Sleep Problems and Menopause: What Can I Do?

The years of the menopausal transition are often a time when there are other changes in a woman’s life. You may be caring for aging parents, supporting children as they move into adulthood, and reflecting on your own life journey. Add hot flashes on top of all this, and you may find yourself having trouble sleeping at night.

Not getting enough sleep can affect all areas of life. Lack of sleep can make you feel irritable or depressed, might cause you to be more forgetful than normal, and could lead you to have more falls or accidents.

Some women who have trouble sleeping may use over-the-counter sleep aids like melatonin. Others use prescription medicines to help them sleep, which may help when used for a short time. But remember, medicines are not a cure for insomnia. Developing healthy habits at bedtime can help you get a good night’s sleep.

Getting a Good Night’s Sleep During the Menopausal Transition

To improve your sleep through the menopausal transition and beyond:

- **Follow a regular sleep schedule.** Go to sleep and get up at the same time each day.
- **Avoid napping in the late afternoon or evening** if you can. It may keep you awake at night.
- **Develop a bedtime routine.** Some people read a book, listen to soothing music, or soak in a warm bath.
- **Try not to watch television or use your computer or mobile device in the bedroom.** The light from these devices may make it difficult for you to fall asleep.
- **Keep your bedroom at a comfortable temperature,** not too hot or too cold, and as quiet as possible.
- **Exercise at regular times each day** but not close to bedtime.
- **Avoid eating large meals close to bedtime.**
- **Stay away from caffeine** (found in some coffees, teas, or chocolate) late in the day.
- **Remember, alcohol won't help you sleep.** Even small amounts make it harder to stay asleep.

If these changes to your bedtime routine don't help as much as you'd like, you may want to consider cognitive behavioral therapy. This problem-solving approach to therapy has recently been shown to help sleep disturbances in women with menopausal symptoms. Cognitive behavioral therapy can be found through a class or in one-on-one sessions. Be sure that your therapy is guided by a trained professional with experience working with women during their menopausal transition. Your doctor may be able to recommend a therapist in your area.

Having Sex Is Becoming Painful: What Can I Do?

Some women have vaginal dryness when their bodies experience the menopausal transition. This can make sex painful. Women may also experience a tightening of the vaginal opening, burning, itching, and dryness (called vaginal atrophy). Fortunately, there are options for women

to address these issues. Talk with your doctor if you are having this problem—he or she can suggest treatment options.

Treating Vaginal Dryness and Pain During Sex

Pain during sexual activity is called dyspareunia. Like other symptoms of the menopausal transition, dyspareunia may be minor and not greatly affect a woman's quality of life. However, some women experience severe dyspareunia that prevents them from engaging in any sexual activity.

You may find relief from vaginal dryness using water-based lubricants or vaginal moisturizers, which can be found at most grocery and drug stores. Vaginal moisturizers differ from lubricants. They are to be used regularly—not just during sex—to replenish vaginal moisture and relieve vaginal dryness. Do not use petroleum jelly for this purpose; oil-based products can cause irritation.

If your symptoms are not improved by using water-based lubricants or vaginal moisturizers, hormones may help. Local vaginal treatments (like estrogen creams, rings, or tablets) are often used to treat this symptom and provide lower hormone doses to the rest of the body than a pill or patch.

Hormones aren't the only option for treating vaginal dryness and dyspareunia. The FDA has approved a non-hormone medicine (called ospemifene) to treat moderate to severe dyspareunia caused by vaginal changes that occur with menopause. Your doctor can tell you about the risks and benefits of this medicine.

Other Menopause Symptoms and Treatments

For most women, hot flashes and trouble sleeping are the biggest problems associated with menopause. But, some women have other symptoms, such as irritability and mood swings, anxiety and depression, headaches, and even heart palpitations.

Many of these problems, like mood swings and depression, are often improved by getting a better night's sleep. Discussing mood issues with your doctor can help you identify the cause, screen for severe depression, and choose the most appropriate intervention. For depression, your doctor may prescribe an antidepressant medication.

If you want to change your lifestyle to see if you can reduce your symptoms, or if you decide any of your symptoms are severe enough to need treatment, talk with your doctor.

Treating Menopause Symptoms: What's Right for Me?

Deciding whether and how to treat the symptoms of the menopausal transition can be very complicated and personal. Discuss your symptoms, family and medical history, and preferences with your doctor.

No matter what you decide, see your doctor every year to talk about your treatment plan and discuss any changes you want to make.

For More Information About Menopause

American College of Obstetricians and Gynecologists

1-800-673-8444 (toll-free)
resources@acog.org (email)
www.acog.org

National Institutes of Health

www.nih.gov/PHTindex.htm

National Library of Medicine MedlinePlus

www.medlineplus.gov/menopause.html

North American Menopause Society

1-440-442-7550
info@menopause.org (email)
www.menopause.org

U.S. Food and Drug Administration

1-888-463-6332 (toll-free)
druginfo@fda.hhs.gov (email)
www.fda.gov

For more information on health and aging, contact:

National Institute on Aging Information Center
P.O. Box 8057
Gaithersburg, MD 20898-8057
1-800-222-2225 (toll-free)
1-800-222-4225 (TTY/toll-free)
niaic@nia.nih.gov (email)
www.nia.nih.gov

To order publications (in English or Spanish) or sign up for regular email alerts about new publications and other information from the NIA, go to www.nia.nih.gov/health.

Visit www.nihseniorhealth.gov, a senior-friendly website from the National Institute on Aging and the National Library of Medicine. This website has health and wellness information for older adults. Special features make it simple to use. For example, you can click on a button to make the type larger.



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AgePage

Pain: You Can Get Help

Phyllis loves playing with her grandchildren, working in the garden, and going to bingo games. But, at age 76, the constant knee pain from osteoarthritis is taking a toll. It keeps her awake at night and stops her from doing activities she enjoys. The pain's getting to be too much to handle, but she doesn't know what to do about it.

You've probably been in pain at one time or another. Maybe you've had a headache or bruise—pain that doesn't last too long. But, many older people have ongoing pain from health problems like arthritis, diabetes, shingles, or cancer.

Pain can be your body's way of warning you that something is wrong. Always tell the doctor where you hurt and exactly how it feels.

Acute Pain and Chronic Pain

There are two kinds of pain. Acute pain begins suddenly, lasts for a short time, and goes away as your body heals.

You might feel acute pain after surgery or if you have a broken bone, infected tooth, or kidney stone.

Pain that lasts for 3 months or longer is called chronic pain. This pain often affects older people. For some people, chronic pain is caused by a health condition such as arthritis. It may also follow acute pain from an injury, surgery, or other health issue that has been treated, like post-herpetic neuralgia after shingles.

Living with any type of pain can be hard. It can cause many other problems. For instance, pain can:

- Get in the way of your daily activities
- Disturb your sleep and eating habits
- Make it difficult to continue working
- Be related to depression or anxiety
- Keep you from spending time with friends and family

Describing Pain

Many people have a hard time describing pain. Think about these questions when you explain how the pain feels:

- Where does it hurt?
- When did the pain start? Does it come and go?
- What does it feel like? Is the pain sharp, dull, or burning? Would you use some other word to describe it?
- Do you have other symptoms?
- When do you feel the pain? In the morning? In the evening? After eating?

■ Is there anything you do that makes the pain feel better or worse? For example, does using a heating pad or ice pack help? Does changing your position from lying down to sitting up make it better?

■ What medicines, including over-the-counter medications and non-medicine therapies have you tried, and what was their effect?

Your doctor or nurse may ask you to rate your pain on a scale of 0 to 10, with 0 being no pain and 10 being the worst pain you can imagine. Or, your doctor may ask if the pain is mild, moderate, or severe. Some doctors or nurses have pictures of faces that show different expressions of pain and ask you to point to the face that shows how you feel. Your doctor may ask you to keep a diary of when and what kind of pain you feel every day.

Attitudes About Pain

Everyone reacts to pain differently. Some people feel they should be brave and not complain when they hurt. Other people are quick to report pain and ask for help.

Worrying about pain is common. This worry can make you afraid to stay active, and it can separate you from your friends and family. Working with your doctor, you can find ways to continue to take part in physical and social activities despite having pain.

Some people put off going to the doctor because they think pain is part of aging and nothing can help. This is not true!

It is important to see a doctor if you have a new pain. Finding a way to manage pain is often easier if it is addressed early.

Treating Pain

Treating, or managing, chronic pain is important. Some treatments involve medications, and some do not. Your treatment plan should be specific to your needs.

Most treatment plans focus on both reducing pain and increasing ways to support daily function while living with pain.

Talk with your doctor about how long it may take before you feel better. Often, you have to stick with a treatment plan before you get relief. It's important to stay on a schedule. Sometimes this is called "staying ahead" or "keeping on top" of your pain. Be sure to tell your doctor about any side effects. You might have to try different treatments until you find a plan that works for you. As your pain lessens, you can likely become more active and will see your mood lift and sleep improve.

Medicines to Treat Pain

Your doctor may prescribe one or more of the following pain medications. Talk with your doctor about their safety and the right dose to take.

■ **Acetaminophen** may help all types of pain, especially mild to moderate pain. Acetaminophen is found in over-the-counter and prescription medicines.

Pain Specialist

Some doctors receive extra training in pain management. If you find that your regular doctor can't help you, ask him or her for the name of a pain medicine specialist. A pain specialist may be a doctor, nurse, or anesthesiologist.

If you or a loved one is managing pain from cancer or other serious illness, ask to be seen by a palliative care specialist. These specialists are trained to manage pain and other symptoms for people with serious illnesses.

People who have more than three drinks per day or who have liver disease should not take acetaminophen.

■ **Nonsteroidal anti-inflammatory drugs (NSAIDs)** include aspirin, naproxen, and ibuprofen. Long-term use of some NSAIDs can cause side effects, like internal bleeding or kidney problems, which make them unsafe for many older adults. You may not be able to take ibuprofen if you have high blood pressure.

■ **Narcotics** (also called **opioids**) are used for moderate to severe pain and require a doctor's prescription. They may be habit-forming. They can also be dangerous when taken with alcohol or certain other drugs. Examples of narcotics are codeine, morphine, and oxycodone.

■ **Other medications** are sometimes used to treat pain. These include antidepressants, anticonvulsive medicines, local painkillers

like nerve blocks or patches, and ointments and creams.

As people age, they are at risk for developing more side effects from medications. It's important to take exactly the amount of pain medicine your doctor prescribes. Don't chew or crush your pills if they are supposed to be swallowed whole. Talk with your doctor or pharmacist if you're having trouble swallowing your pills.

Mixing any pain medication with alcohol or other drugs can be dangerous. Make sure your doctor knows all the medicines you take, including over-the-counter drugs and dietary supplements, as well as the amount of alcohol you drink.

Remember: If you think the medicine is not working, don't change it on your own. Talk to your doctor or nurse.

What Other Treatments Help with Pain?

In addition to drugs, there are a variety of complementary and alternative approaches that may provide relief. Talk to your doctor about these treatments. It may take both medicine and other treatments to feel better.

■ **Acupuncture** uses hair-thin needles to stimulate specific points on the body to relieve pain.

■ **Biofeedback** helps you learn to control your heart rate, blood pressure, muscle tension, and other body functions. This may help reduce your pain and stress level.

Can I Get Addicted to Pain Medicine?

Sometimes, strong medications called opioids are needed to control pain. Opioid pain relievers are generally safe when taken for a short time as prescribed by your doctor, but they can become addictive, especially if they are misused. Regular use can lead to dependence. Never take opioids in greater amounts or more often than prescribed.

Using opioids can also increase risk for falls, dizziness, and other ailments in older adults.

Becoming addicted to prescription pain medicine can happen to anyone, including older adults. Sometimes, these treatments are the only ones available that can help. But, sometimes other treatments can and should be tried first or can be used intermittently or simultaneously. So, ask your doctor if there is another medicine or a non-medicine alternative you can try. Tell your doctor if you or a family member has a history of alcohol or drug abuse.

For more information about opioid use, visit the Centers for Disease Control and Prevention's website at www.cdc.gov/drugoverdose/patients/index.html.

Opioid addiction can be treated. If you or someone close to you needs help for a substance use disorder, talk with your doctor, or contact the Substance Abuse and Mental Health Services Administration at **1-800-662-4357** (toll-free) or <https://findtreatment.samhsa.gov>.

- **Cognitive behavioral therapy** is a form of short-term counseling that may help reduce your reaction to pain.
- **Distraction** can help you cope with acute pain, taking your mind off your discomfort.
- **Electrical nerve stimulation** uses electrical impulses to relieve pain.
- **Guided imagery** uses directed thoughts to create mental pictures that may help you relax, manage anxiety, sleep better, and have less pain.
- **Hypnosis** uses focused attention to help manage pain.
- **Massage therapy** can release tension in tight muscles.
- **Mind-body stress reduction** combines mindfulness meditation, body awareness, and yoga to increase relaxation and reduce pain.
- **Physical therapy** uses a variety of techniques to help manage everyday activities with less pain and teaches you ways to improve flexibility and strength.

Helping Yourself

There are things you can do yourself that might help you feel better. Try to:

- **Keep a healthy weight.** Putting on extra pounds can slow healing and make some pain worse. A healthy weight might help with pain in the knees, back, hips, or feet.
- **Be physically active.** Pain might make you inactive, which can lead to more pain and loss of function. Activity can help.

- Get enough sleep. It can reduce pain sensitivity, help healing, and improve your mood.
- Avoid tobacco, caffeine, and alcohol. They can get in the way of treatment and increase pain.
- Join a pain support group. Sometimes, it can help to talk to other people about how they deal with pain. You can share your thoughts while learning from others.

Cancer Pain

Some people with cancer are more afraid of the pain than of the cancer. But most pain from cancer or cancer treatments can be controlled. As with all pain, it's best to start managing cancer pain early. It might take a while to find the best approach.

One special concern in managing cancer pain is “breakthrough pain.” This is pain that comes on quickly and can take you by surprise. It can be very upsetting. After one attack, many people worry it will happen again. This is another reason to talk with your doctor about having a pain management plan in place.

Alzheimer’s Disease and Pain

People who have Alzheimer’s disease may not be able to tell you when they’re in pain. When you’re caring for someone with Alzheimer’s, watch for clues. A person’s face may show signs of being in pain or feeling ill. You may see a person frequently

changing position or having trouble sleeping. You may also notice sudden changes in behavior such as increased agitation, crying, or moaning. Refusing to eat may be a sign that the person has tooth pain or other oral health issues. It’s important to find out if there is something wrong. If you’re not sure what to do, call the doctor for help.

Pain at the End of Life

Not everyone who is dying is in pain. But, if a person has pain at the end of life, there are ways to help. Experts believe it’s best to focus on making the person comfortable, without worrying about possible addiction or drug dependence. For more information, visit www.nia.nih.gov/health/providing-comfort-end-life.

Some Facts About Pain

- **Most people don’t have to live with pain.** There are pain treatments. While not all pain can be cured, most pain can be managed. If your doctor has not been able to help you, ask to see a pain specialist.
- **The side effects from pain medicine are often manageable.** Side effects from pain medicine like constipation, dry mouth, and drowsiness may be a problem when you first begin taking the medicine. These problems can often be treated and may go away as your body gets used to the medicine.

■ **Your doctor will not think you're a sissy if you talk about your pain.** If you're in pain, tell your doctor so you can get help.

■ **If you use pain medicine now, it will still work when you need it later.** Using medicine at the first sign of pain may help control your pain later.

■ **Pain is not "all in your head."** No one but you knows how your pain feels. If you're in pain, talk with your doctor.

For More Information About Pain and Pain Management

American Academy of Pain Medicine

1-847-375-4731
info@painmed.org
www.painmed.org

American Chronic Pain Association

1-800-533-3231 (toll-free)
acpa@theacpa.org
<https://theacpa.org/Support-Groups>

Eldercare Locator

1-800-677-1116 (toll-free)
www.eldercare.gov

National Cancer Institute

1-800-422-6237 (toll-free)
cancergovstaff@mail.nih.gov
www.cancer.gov

National Center for Complementary and Integrative Health

1-888-644-6226 (toll-free)
1-866-464-3615 (TTY/toll-free)
info@nccih.nih.gov
<https://nccih.nih.gov/health/pain/chronic.htm>

National Institute on Drug Abuse

1-301-443-1124
websubmission@mail.nih.gov
www.drugabuse.gov

For more information about health and aging, contact:

National Institute on Aging Information Center

1-800-222-2225 (toll-free)
1-800-222-4225 (TTY/toll-free)
niaic@nia.nih.gov
www.nia.nih.gov

Visit www.nia.nih.gov/health to find more health and aging information from NIA and subscribe to email alerts. Visit <https://order.nia.nih.gov> to order free print publications.



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National Institute
on Aging

Participating in Activities You Enjoy— More Than Just Fun and Games *Tips from the National Institute on Aging*

There are many things you can do to help yourself age well: exercise and be physically active, make healthy food choices, and don't smoke. But did you know that participating in activities you enjoy may also help support healthy aging?

As people get older, they often find themselves spending more and more time at home alone. The isolation can lead to depression and is not good for your health. If you find yourself spending a lot of time alone, try adding a volunteer or social activity to your routine.

June feels great. She enjoys gardening, playing cards with friends at the senior center, and taking a water aerobics class at the county indoor pool. She turns 78 this year, but feels like she's still in her 50s. Research shows that staying active can help older adults like June stay healthy.

Benefits of an Active Lifestyle

Engaging in social and productive activities you enjoy, like taking an art class or becoming a volunteer in your community or at your place of worship, may help to maintain your well-being.

Research tells us that older people with an active lifestyle:

- *Are less likely to develop certain diseases.* Participating in hobbies and other social and leisure pursuits may lower risk for developing some health problems, including dementia.
- *Have a longer lifespan.* One study showed that older adults who reported taking part in social activities (such as playing games, belonging to social groups, or traveling) or meaningful, productive activities (such as having a paid or unpaid job, or gardening) lived longer than people who did not. Researchers are further exploring this connection.
- *Are happier and less depressed.* Studies suggest that older adults who participate in what they believe are meaningful activities, like volunteering in their communities, say they feel happier and healthier. One study placed older adults from an urban community in their neighborhood public elementary schools to tutor children 15 hours a week. Volunteers reported personal satisfaction from the experience. The researchers found it improved the volunteers' cognitive and physical health, as well as the children's school success.

Researchers think it might also have long-term benefits, lowering the older adults' risk of developing disability, dependency, and dementia in later life.

- *Are better prepared to cope with loss.* Studies suggest that volunteering can help with stress and depression from the death of a spouse or other loved one. Among people who experienced a loss, those who took part in volunteer activities felt more positive about their own abilities (reported greater self-efficacy).
- *May be able to improve their thinking abilities.* Another line of research is exploring how participating in creative arts might help people age well. For example, studies have shown that older adults' memory, comprehension, creativity, and problem-solving abilities improved after an intensive, 4-week (8-session) acting course. Other studies are providing new information about ways that creative activities like music or dance can help older adults.

Melvin has not quite felt like himself since his retirement. He misses his customers and teaching new employees the trade. Linn used to care for her grand-children while her daughter was at work. Now that her grandchildren are in school, she has a lot of extra time on her hands. Melvin and Linn miss waking up with a feeling of purpose. They think joining a volunteer group might help. Research shows that people who are sociable, generous, and goal-oriented may feel happier and less depressed than other people.

Activities to Consider

Would you like to get more involved in your community or be more socially active? There are plenty of places to look for opportunities, depending on your interests. Here are some ideas:

Get out and about

- Visit a senior center and take part in its events and activities
- Play cards or other games with friends
- Go to the theater, a movie, or a sporting event
- Travel with a group of older adults, such as a retiree group
- Visit friends and family
- Try different restaurants
- Join a group interested in a hobby like knitting, hiking, birdwatching, painting, or wood carving
- Reconnect with old friends through your high school or college alumni association
- Visit local museums. Many offer free group tours.

Learn something new

- Take a cooking, art, dance, language, or computer class. Get in touch with your local community college. Many offer free or discounted courses for older adults.
- Form or join a book or film club
- Try yoga, tai chi, or another new physical activity
- Learn (or relearn) how to play a musical instrument

When Maria was younger, she took part in rallies for local issues and even went to Washington, D.C., to hear Martin Luther King, Jr.'s "I Have a Dream" speech. Recently, she has been learning about problems with the environment and wants to get involved in finding a solution. She thinks it will be a good way to volunteer her time.

Become more active in your community

- Serve meals or organize clothing donations for people in need
- Help an organization send care packages to soldiers stationed overseas
- Care for dogs and cats at an animal shelter
- Volunteer to run errands for people with disabilities
- Join a committee or volunteer for an activity at your place of worship
- Volunteer at a school, library, museum, or hospital
- Help with gardening at a community garden or park
- Organize a park clean-up through your local recreation center or community association
- Sing in a community choral group, or play in a local band or orchestra
- Take part in a local theater troupe
- Get a part-time job
- Rediscover a favorite childhood pastime or teach it to a new generation—embroidery, photography, building models, chess, baking, woodworking, calligraphy, or quilting

Be physically active

- Garden or do yard work
- Take an exercise class or do exercises at home
- Go dancing
- Join a sports group for older adults, like a bowling club or bocce league
- Walk or bicycle with a friend or neighbor
- Take a swimming class
- Join a local hiking or mountain biking group. Try rowing, canoeing, or kayaking at a nearby lake or river.
- Start a weekly basketball or tennis game with friends
- Join a mall-walking group
- Play with your grandchildren. Teach them a game or dance you remember from childhood.

For more information about physical activity, check out **Go4Life**[®]. This exercise and physical activity campaign from the National Institute on Aging has exercises and free videos and print materials at www.nia.nih.gov/Go4Life.

Two years ago, Ted began volunteering at his senior center, then he started some clubs at the center. Now he volunteers 3 days a week, leads the center's theater group, and plays in a weekly dominoes game. He also recently joined a committee for his apartment building that meets twice a month. Ted is rushing all the time and thinks he might need to cut back.

Find the Right Balance

Everyone has different limits to the amount of time they can spend on social or other activities. What is perfect for one person might be too much for another. Be careful not to take on too much at once.

You might start by adding one or two activities to your routine and see how you feel. You can always add more.

Remember—participating in activities you enjoy should be fun, not stressful.

For More Information About Participating in Activities

America's Natural and Cultural Resources
Volunteer Portal
www.volunteer.gov

Corporation for National and Community Service

1-800-942-2677 (toll-free)
1-800-833-3722 (TTY/toll-free)
info@cns.gov
www.nationalservice.gov
www.serve.gov

Experience Corps AARP Foundation

1-202-434-6400
experiencecorps@aarp.org
www.experiencecorps.org

VolunteerMatch

1-415-241-6868
www.volunteermatch.org

For more information about health and aging, contact:

National Institute on Aging Information Center
1-800-222-2225 (toll-free) • 1-800-222-4225 (TTY/toll-free)
niaic@nia.nih.gov
www.nia.nih.gov

Visit www.nia.nih.gov/health to find more health and aging information from NIA and subscribe to email alerts. Visit <https://order.nia.nih.gov> to order free print publications.



AgePage

Exercise and Physical Activity: Getting Fit for Life

“My wife, Miki, and I have heart problems. About 2 years ago, we joined our local health club, where we do both endurance and strength-training exercises. On the off days, we walk near our house, stretch, and do a few balance exercises. Being active helps us feel better—and it’s good for our hearts!”

Bob and Miki know that exercise and physical activity are good for you, no matter how old you are. In fact, staying active can help you:

- Keep and improve your strength so you can stay independent
- Have more energy to do the things you want to do
- Improve your balance and prevent falls

- Prevent or delay some diseases like heart disease, stroke, type 2 diabetes, osteoporosis, and certain types of cancer
- Perk up your mood and reduce feelings of depression
- Sleep better at night
- Reduce levels of stress and anxiety
- Reach or maintain a healthy weight

You don’t need to buy special clothes or belong to a gym to become more active. Physical activity can and should be part of your everyday life. Find things you like to do. Go for brisk walks. Ride a bike. Dance. Work around the house. Garden. Climb stairs. Swim. Rake leaves. Try different kinds of activities that keep you moving. Look for new ways to build physical activity into your daily routine.

Four Ways to Be Active

To get all of the benefits of physical activity, try all four types of exercise: (1) endurance, (2) strength, (3) balance, and (4) flexibility.

1. Try to build up to at least 30 minutes of activity that makes you breathe hard on most or all days of the week. Every day is best. That’s called an **endurance** activity because it builds your energy or “staying power.” You don’t have to be

active for 30 minutes all at once. Try to be active throughout your day to reach this goal, and avoid sitting for long periods of time.

How hard do you need to push yourself? If you can talk without any trouble at all, you are not working hard enough. If you can't talk at all, it's too hard.

2. Keep using your muscles. **Strength** exercises build muscles. When you have strong muscles, you can get up from a chair by yourself, lift your grandchildren, and walk through the park.

Keeping your muscles strong can help with your balance and prevent falls and fall-related injuries. You are less likely to fall when your leg and hip muscles are strong.

3. Do things to help your **balance**. Try standing on one foot, then the other. If at first you need support, hold on to something sturdy. Work your way up to doing the exercises without support. Get up from a chair without using your hands or arms. Try the heel-to-toe walk. As you walk, put the heel of one foot just in front of the toes of your other foot. Your heel and toes should touch or almost touch.

4. Stretching can improve your **flexibility**. Moving more freely will make it easier for you to reach down to tie your shoes or look over your shoulder when you back your car out of the driveway. Stretch when your muscles are warmed up. Don't stretch so far that it hurts.

Who Should Exercise?

Almost anyone, at any age, can do some type of physical activity. You can still exercise even if you have a health condition like heart disease, arthritis, chronic pain, or diabetes. In fact, physical activity may help. For most older adults, brisk walking, riding a bike, swimming, weight lifting, and gardening are safe, especially if you build up slowly. If you have any symptoms that haven't been diagnosed, or if you have a chronic condition that is not being monitored by a doctor, check with your doctor before beginning an exercise routine. You can always talk to your doctor if it makes you more comfortable when starting to be active.

Safety Tips

Here are some things you can do to make sure you are exercising safely:

- Start slowly, especially if you haven't been active for a long time. Little by little, build up your activities and how hard you work at them.
- Don't hold your breath during strength exercises. That could cause changes in your blood pressure. It may seem strange at first, but you should breathe out as you lift something and breathe in as you relax.
- Use safety equipment. For example, wear a helmet for bike riding and the right shoes for walking or jogging.
- Unless your doctor has asked you to limit fluids, be sure to drink plenty of fluids when you are doing activities, even if you don't feel thirsty.
- Always bend forward from the hips, not the waist. If you keep your back straight, you're probably bending the right way.
- Warm up your muscles before you stretch. Try walking and light arm pumping first.

Exercise should not hurt or make you feel really tired. You might feel some soreness, a little discomfort, or a bit weary, but you should not feel pain. In fact, in many ways, being active will probably make you feel better.

For More Information About Exercise and Physical Activity

Local fitness centers or hospitals might be able to help you find a physical activity program that works for you. You also can check with nearby religious groups, senior and civic centers, parks, recreation associations, YMCAs, YWCAs, JCCs, or even area shopping malls for exercise, wellness, or walking programs.

Looking for more information on how to begin an exercise plan and keep going? Visit **Go4Life**[®] at <https://go4life.nia.nih.gov>. This exercise and physical activity website from the National Institute on Aging has exercise examples, tracking worksheets, workout videos, and tips to help you stay motivated.

The following resources have information about physical activity and exercise for older adults to help you get started.

American College of Sports Medicine

1-317-637-9200
publicinfo@acsm.org
www.acsm.org

American Council on Exercise

1-888-825-3636 (toll-free)
receptionist@acefitness.org
www.acefitness.org

American Physical Therapy Association

1-800-999-2782 (toll-free)
consumer@apta.org
www.moveforwardpt.com

Centers for Disease Control and Prevention (CDC)

1-800-232-4636 (toll-free)
1-888-232-6348 (TTY/toll-free)
cdcinfo@cdc.gov
www.cdc.gov

MedlinePlus

National Library of Medicine
www.medlineplus.gov
https://medlineplus.gov/exerciseandphysicalfitness.html
https://medlineplus.gov/exerciseforolderadults.html

National Council on Aging

1-571-527-3900
www.benefitscheckup.org

President's Council on Sports, Fitness & Nutrition

1-240-276-9567
fitness@hhs.gov
www.fitness.gov

For more information on health and aging, contact:

National Institute on Aging Information Center

1-800-222-2225 (toll-free)
1-800-222-4225 (TTY/toll-free)
niaic@nia.nih.gov
www.nia.nih.gov
https://go4life.nia.nih.gov

Visit *www.nia.nih.gov/health* to find more health and aging information from NIA and subscribe to email alerts. Visit *https://order.nia.nih.gov* to order free print publications.



National Institute on Aging

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May 2019

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AgePage

Sexuality in Later Life

Many people want and need to be close to others as they grow older. For some, this includes the desire to continue an active, satisfying sex life. With aging, that may mean adapting sexual activity to accommodate physical, health, and other changes.

There are many different ways to have sex and be intimate—alone or with a partner. The expression of your sexuality could include many types of touch or stimulation. Some adults may choose not to engage in sexual activity, and that's also normal.

Here, we explore some of the common problems older adults may face with sex.

What Are Normal Changes?

Normal aging brings physical changes in both men and women.

These changes sometimes affect the ability to have and enjoy sex.

A woman may notice changes in her vagina. As a woman ages, her vagina can shorten and narrow. Her vaginal walls can become thinner and a little stiffer. Most women will have less vaginal lubrication, and it may take more time for the vagina to naturally lubricate itself. These changes could make certain types of sexual activity, such as vaginal penetration, painful or less desirable. If vaginal dryness is an issue, using water-based lubricating jelly or lubricated condoms may be more comfortable. If a woman is using hormone therapy to treat hot flashes or other menopausal symptoms, she may want to have sex more often than she did before hormone therapy.

As men get older, impotence (also called erectile dysfunction, or ED) becomes more common. ED is the loss of ability to have and keep an erection. ED may cause a man to take longer to have an erection. His erection may not be as firm or as large as it used to be. The loss of erection after orgasm may happen more quickly, or it may take longer before another erection is possible. ED is not a problem if it happens every now and then, but if it occurs often, talk with your doctor.

Talk with your partner about these changes and how you are feeling. Your doctor may have suggestions to help make sex easier.

What Causes Sexual Problems?

Some illnesses, disabilities, medicines, and surgeries can affect your ability to have and enjoy sex.

Arthritis. Joint pain due to arthritis can make sexual contact uncomfortable. Exercise, drugs, and possibly joint replacement surgery may help relieve this pain. Rest, warm baths, and changing the position or timing of sexual activity can be helpful.

Chronic pain. Pain can interfere with intimacy between older people. Chronic pain does not have to be part of growing older and can often be treated. But, some pain medicines can interfere with sexual function. Always talk with your doctor if you have side effects from any medication.

Dementia. Some people with dementia show increased interest in sex and physical closeness, but they may not be able to judge what is appropriate sexual behavior. Those with severe dementia may not recognize their spouse or partner, but they still desire sexual contact and may seek it with someone else. It can be confusing

and difficult to know how to handle this situation. Here, too, talking with a doctor, nurse, or social worker with training in dementia care may be helpful.

Diabetes. This is one of the illnesses that can cause ED in some men. In most cases, medical treatment can help. Less is known about how diabetes affects sexuality in older women. Women with diabetes are more likely to have vaginal yeast infections, which can cause itching and irritation and make sex uncomfortable or undesirable. Yeast infections can be treated.

Heart disease. Narrowing and hardening of the arteries can change blood vessels so that blood does not flow freely. As a result, men and women may have problems with orgasms. For both men and women, it may take longer to become aroused, and for some men, it may be difficult to have or maintain an erection. People who have had a heart attack, or their partners, may be afraid that having sex will cause another attack. Even though sexual activity is generally safe, always follow your doctor's advice. If your heart problems get worse and you have chest pain or shortness of breath even while resting, your doctor may want to change your treatment plan.

Incontinence. Loss of bladder control or leaking of urine is more common as

people, especially women, grow older. Extra pressure on the belly during sex can cause loss of urine. This can be helped by changing positions or by emptying the bladder before and after sex. The good news is that incontinence can usually be treated.

Stroke. The ability to have sex is sometimes affected by a stroke. A change in positions or medical devices may help people with ongoing weakness or paralysis to have sex. Some people with paralysis from the waist down are still able to experience orgasm and pleasure.

Depression. Lack of interest in activities you used to enjoy, such as intimacy and sexual activity, can be a symptom of depression. It's sometimes hard to know if you're depressed. Talk with your doctor. Depression can be treated.

Surgery. Many of us worry about having any kind of surgery—it may be even more troubling when the breasts or genital area are involved. Most people do return to the kind of sex life they enjoyed before surgery.

Hysterectomy is surgery to remove a woman's uterus because of pain, bleeding, fibroids, or other reasons. Often, when an older woman has a hysterectomy, the ovaries are also removed. Deciding whether to have

this surgery can leave both women and their partners worried about their future sex life. If you're concerned about any changes you might experience with a hysterectomy, talk with your gynecologist or surgeon.

Mastectomy is surgery to remove all or part of a woman's breast because of breast cancer. This surgery may cause some women to lose their sexual interest, or it may leave them feeling less desirable or attractive to their partners. In addition to talking with your doctor, sometimes it is useful to talk with other women who have had this surgery. Programs like the American Cancer Society's "Reach to Recovery" can be helpful for both women and men. If you want your breast rebuilt (reconstruction), talk to your cancer doctor or surgeon.

Prostatectomy is surgery that removes all or part of a man's prostate because of cancer or an enlarged prostate. It may cause urinary incontinence or ED. If you need this operation, talk with your doctor before surgery about your concerns.

Medications. Some drugs can cause sexual problems. These include some blood pressure medicines, antihistamines, antidepressants, tranquilizers, Parkinson's disease or cancer medications, appetite

suppressants, drugs for mental problems, and ulcer drugs. Some can lead to ED or make it hard for men to ejaculate. Some drugs can reduce a woman's sexual desire or cause vaginal dryness or difficulty with arousal and orgasm. Check with your doctor to see if there is a different drug without this side effect.

Alcohol. Too much alcohol can cause erection problems in men and delay orgasm in women.

Am I Too Old to Worry About Safe Sex?

Age does not protect you from sexually transmitted diseases. Older people who are sexually active may be at risk for diseases such as syphilis, gonorrhea, chlamydial infection, genital herpes, hepatitis B, genital warts, and trichomoniasis.

Almost anyone who is sexually active is also at risk of being infected with HIV, the virus that causes AIDS. The number of older people with HIV/AIDS is growing. You are at risk for HIV/AIDS if you or your partner has more than one sexual partner, if you are having unprotected sex, or if either you or your partner is sharing needles. To protect yourself, always use a condom during sex that involves vaginal or anal penetration.

A man needs to have a full erection before putting on a condom.

Talk with your doctor about ways to protect yourself from all sexually transmitted diseases and infections. Go for regular checkups and testing. Talk with your partner. You are never too old to be at risk.

Can Emotions Play a Part?

Sexuality is often a delicate balance of emotional and physical issues. How you feel may affect what you are able to do and what you want to do. Many older couples find greater satisfaction in their sex lives than they did when they were younger. In many cases, they have fewer distractions, more time and privacy, no worries about getting pregnant, and greater intimacy with a lifelong partner.

As we age, our bodies change, including our weight, skin, and muscle tone, and some older adults don't feel as comfortable in their aging bodies. Older adults, men and women alike, may worry that their partners will no longer find them attractive. Aging-related sexual problems like the ones listed above can cause stress and worry. This worry can get in the way of enjoying a fulfilling sex life.

Older couples face the same daily stresses that affect people of any age. They may also have the added concerns of illness, retirement, and lifestyle changes, all of which may lead to sexual difficulties. Talk openly with your partner, and try not to blame yourself or your partner. You may also find it helpful to talk with a therapist, either alone or with your partner. Some therapists have special training in helping with sexual problems. If you sense changes in your partner's attitude toward sex, don't assume they are no longer interested in you or in an active sex life. Talk about it. Many of the things that cause sexual problems in older adults can be helped.

What Can I Do?

There are things you can do on your own for an active and enjoyable sex life. If you have a long-term partner, take time to enjoy each other and to understand the changes you both are facing.

Don't be afraid to talk with your doctor if you have a problem that affects your sex life. He or she may be able to suggest a treatment. For example, the most common sexual difficulty of older women is painful intercourse caused

by vaginal dryness. Your doctor or a pharmacist can suggest over-the-counter vaginal lubricants or moisturizers to use. Water-based lubricants are helpful when needed to make sex more comfortable. Moisturizers are used on a regular basis, every 2 or 3 days. Or, your doctor might suggest a form of vaginal estrogen.

If ED is the problem, it can often be managed and perhaps even reversed with medication or other treatments. There are pills that can help. They should not be used by men taking medicines containing nitrates, such as nitroglycerin. The pills do have possible side effects. Be wary of any dietary or herbal supplements promising to treat ED. Always talk to your doctor before taking any herb or supplement.

Physical problems can change your sex life as you get older. If you are single, dating and meeting new people may be easier later in life when you're more sure of yourself and what you want. If you're in a relationship, you and your partner may discover new ways to be together as you get older. Talk to your partner or partners about your needs. You may find that affection—hugging, kissing, touching, and spending time together—can be just what you need, or a path to greater intimacy and sex.

For More Information About Sexuality in Later Life

AARP

1-888-687-2277 (toll-free)
1-877-434-7598 (TTY/toll-free)
member@aarp.org
www.aarp.org/health

American Congress of Obstetricians and Gynecologists

1-800-673-8444 (toll-free)
resources@acog.org
www.acog.org/Patients/FAQs/Your-Sexual-Health

Health in Aging Foundation

1-800-563-4916 (toll-free)
info@healthinaging.org
www.healthinaging.org

National Institute of Diabetes and Digestive and Kidney Diseases

1-800-860-8747 (toll-free)
1-866-569-1162 (TTY/toll-free)
healthinfo@niddk.nih.gov
www.niddk.nih.gov

National Library of Medicine MedlinePlus

www.medlineplus.gov

Services & Advocacy for Gay, Lesbian, Bisexual & Transgender Elders (SAGE)

1-212-741-2247
info@sageusa.org
www.sageusa.org

Urology Care Foundation

1-800-828-7866 (toll-free)
info@urologycarefoundation.org
www.urologyhealth.org

For more information on health and aging, contact:

National Institute on Aging Information Center

1-800-222-2225 (toll-free)
1-800-222-4225 (TTY/toll-free)
niaic@nia.nih.gov
www.nia.nih.gov

Visit www.nia.nih.gov/health to find more health and aging information from NIA and subscribe to email alerts. Visit <https://order.nia.nih.gov> to order free print publications.



**National Institute
on Aging**

NIH...Turning Discovery Into Health®

November 2017

Sleep and Older Adults

How to Get a Good Night's Sleep

From the National Institute on Aging at NIH

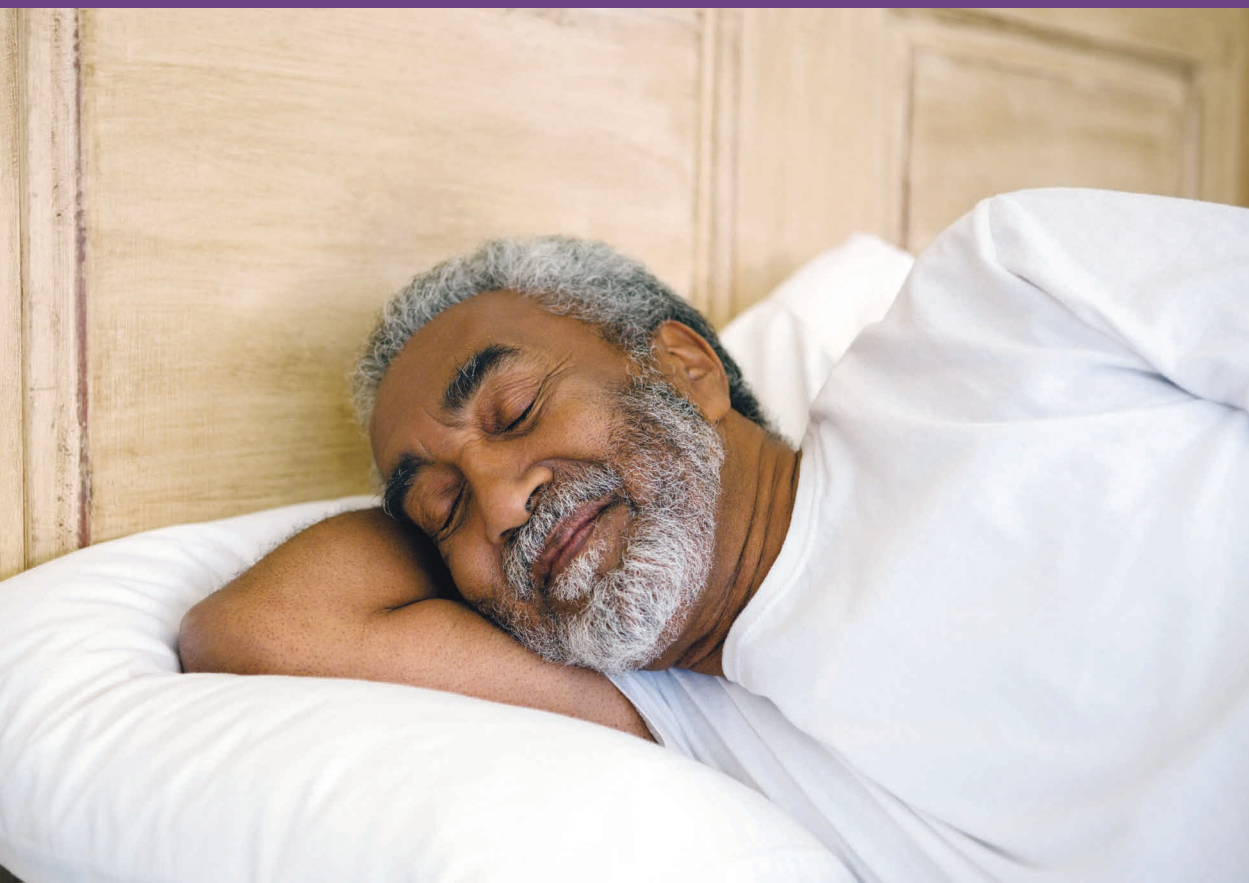


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Use the Table of Contents to help find things quickly. Also, we put some medical terms in bold, such as **sleep apnea**. Find how to say these words and what they mean in the “Words to Know” section on page 22.



What's Inside

Adults need about seven to nine hours of sleep every night. This booklet provides tips for getting a good night's sleep, which supports health, well-being, and safety. Consider sharing the information with your family and friends.

This booklet will help you learn:

- What happens during sleep
- The importance of sleep
- How aging changes your sleep
- Ways to improve your sleep
- Types of sleep problems

What Is Sleep?

You spend about one-third of your life sleeping or trying to sleep. But how does this basic human need work?

Though it may seem simple, sleep is a complex process. Multiple parts of the brain work together to produce signals that prepare the body for sleep. Your **circadian rhythm** — “the body’s clock” — provides the timing for sleep. **Sleep-wake homeostasis**, a state of balance, is the body’s drive to sleep that increases the longer you are awake. The signals in your body lead to sleep, including:

- **Melatonin**, a hormone your body releases when it gets dark that makes you feel sleepy.
- **Adenosine**, a chemical that builds up in your brain while you’re awake and gets broken down while you’re asleep.

A good night’s sleep depends on sleeping when your body is prepared, sleeping seven to nine hours, and getting enough of each type of sleep.

The types of sleep, **rapid eye movement (REM)** and **non-REM**, are linked to patterns (waves) of electrical activity in your brain and occur in cycles — usually three to five each night. Non-REM sleep happens when your brain wave activity slows down, called deep sleep. You need deep sleep to feel refreshed in the morning. You typically dream during REM sleep, when your brain wave activity is closest to what it is when you're awake. Dreaming may help you process your emotions. Both non-REM and REM sleep help you store memories.



Ellen's Story



I used to wake up in the morning ready to take on the day. Lately I've had trouble sleeping at night, which makes it so hard to wake up. I don't have much energy to do things anymore, not even simple things like going to the mailbox to get the mail. How will I be able to play with my grandkids? I need to get better sleep.

Why Is Sleep Important?

Sleep is important for your body — from the brain, heart, and lungs to energy, protection against disease, and mood. It also affects your ability to function during the day. A good night's sleep can help you:

- Learn
- Create new memories
- Respond quickly
- Solve problems
- Pay attention
- Make decisions
- Be creative





Not getting enough sleep can cause harm to your body. Research shows that over time it can increase your risk of:

- High blood pressure
- Heart disease
- Diabetes
- Obesity
- Depression
- Alzheimer's disease

If you wake up tired, feel easily annoyed, have trouble falling asleep, or have trouble staying asleep, these may be signs you're not getting a good night's sleep.

Did you know? Lack of quality sleep can:

- Worsen memory
- Lead to negative feelings
- Put stress on relationships
- Increase falls or accidents

How Aging Affects Sleep

As you age, how you sleep changes. Older adults tend to go to bed earlier and wake up earlier than younger adults, and the amount of time spent in each type of sleep decreases. Sleep tends to be shorter and lighter and you may wake up more often during the night. Older adults are also more likely to take medications and have medical conditions that affect sleep.

Many older adults don't sleep well. Factors such as illness, medications, mental health, and pain can make it hard to get a good night's sleep. Sleep disorders become more common with age, including **insomnia** (trouble falling or staying asleep), **sleep apnea** (pauses in breathing during sleep), and movement disorders like **restless legs syndrome**.

Practicing better sleep habits and being diagnosed and treated if you have a sleep disorder may help improve your sleep.

Have you felt tired and unable to do your activities for more than two to three weeks? It is time to talk with your doctor.



Getting a Good Night's Sleep

Getting a good night's sleep is important to your well-being. The way you feel while you're awake depends in part on what happens while you're sleeping. During sleep, your body is working to help your brain and body be at their best.

Good sleep can help protect your mental and physical health, quality of life, and safety. Not getting quality sleep can increase your risk for health problems and affect how well you think, react, work, learn, and get along with others.



Healthy Sleep Habits for Older Adults

Do:

- ✓ Follow a regular schedule by going to sleep and getting up at the same time each day, even on weekends or when traveling.



- ✓ Have a bedtime routine. Find ways to relax before bedtime each night. Read a book, listen to soothing music, or take a warm bath.



- ✓ Make your room comfortable for sleep and keep the temperature not too hot or cold.



- ✓ Try to get regular exercise, but not within three hours of your bedtime.



- ✓ Talk to your doctor if you have a problem sleeping.



Don't:

- ✘ Nap in the late afternoon or evening.



- ✘ Have caffeine late in the day, which can keep you awake at night. For example, coffee, tea, chocolate, and soda.



- ✘ Drink alcohol, even small amounts.



- ✘ Watch television or use a computer, cell phone, or tablet in the bedroom.



- ✘ Eat large meals within two to three hours of your bedtime or drink large amounts of liquid late in the day.



Safe Sleep Tips for Older Adults

- Install smoke alarms on each floor of your home.
- Lock all windows and doors that lead outside.
- Keep a telephone with emergency numbers by your bed.
- Have a lamp that's easy to reach and turn on, a nightlight in the hallway or bathroom, and a flashlight nearby.
- Don't smoke, especially in bed.
- Remove items such as area rugs and cords that you could trip over.

Talk with your doctor before starting medication or supplements to improve your sleep. Sleep medication may help in the short term, but there is risk and the potential to become dependent on the pills. You may not feel refreshed in the morning or clear-headed during the day. Some pills also may lose their effectiveness over time, so you will need more and more to fall asleep.

If you are having trouble paying to heat or cool your home, there are programs that can help.

- National Energy Assistance Referral (NEAR) service. Call 866-674-6327 or TTY 866-367-6228 or send an email to energyassistance@ncat.org for referral information on energy assistance.
- Contact your local energy agency or power or gas company for tips to help keep your heating and cooling bills down. They may also have programs for people on a fixed or limited income.
- Your local Area Agency on Aging (www.n4a.org, or call 202-872-0888), senior center, or social service agency (www.usa.gov/state-social-services) may have information about other sources of help.



Matteo's Story



At first, I thought staring at the clock well into the night was not something to be worried about — that my new sleep pattern was just me adjusting to retirement. I'd sometimes be able to fall asleep but would keep waking up during the night. This went on for weeks. I wasn't "all there" during the day and kept waking my wife up at night as well. This was not a normal or healthy sleep pattern.

Sleep Disorders

Insomnia

Insomnia is the most common sleep problem in adults age 60 and older. People with this condition have trouble falling asleep or staying asleep at least three nights a week. Short-term insomnia can be caused by stress or changes to routine. Chronic, or long-term, insomnia lasts more than three months and can't be fully explained by another medical cause.

Healthy habits at bedtime may help prevent or manage insomnia, and cognitive behavioral therapy (a type of counseling) can help. Sleep medicines may help in the short term, but they carry risks and should not be used long term.

If you have trouble sleeping, keep a sleep diary for a couple weeks. Keep track of when you go to bed, when you wake up during the night, and when you wake up for the day. Note whether you had caffeine (coffee, soda, chocolate, etc.), alcohol, or exercised that day. The sleep diary will help you identify patterns to discuss with your doctor and help with diagnosis.

Sleep Apnea

Sleep apnea causes you to stop breathing for a few seconds repeatedly during sleep. Throat muscles relax during sleep, and in people with sleep apnea, this relaxation of the muscles blocks their airway. Snoring can be a sign, but not everyone who snores has sleep apnea. To treat sleep apnea, a continuous positive airway pressure (CPAP) device may be used while sleeping. Sleeping in a position that keeps airways open or getting a dental device or surgery also may help.

If you suspect you have sleep apnea, it's important to talk to your doctor. Undiagnosed or untreated sleep apnea can lead to serious health problems, including heart attack.



Movement Disorders

“ I would wake up in the morning like I hadn’t slept at all, with my sheets in a tangle. ”

Movement disorders make it harder to get good sleep. Read about these disorders below and talk with your doctor if you think you may have one of these problems.

Restless legs syndrome feels like there is tingling, crawling, or pins and needles in one or both legs. This feeling is worse at night and feels better with movement. Treatment with iron supplementation or medications is usually helpful.

Periodic limb movement disorder causes people to jerk and kick their legs every 20 to 40 seconds during sleep. Medication, warm baths, exercise, and relaxation can help.

The body normally stays still during REM sleep, but people with **REM sleep behavior disorder** can move their muscles and act out their dreams. This disrupts sleep and can be dangerous. Treatment includes a safe environment to prevent injuries while sleeping, and medication or melatonin supplements.

Based on your symptoms, your doctor may suggest a **polysomnogram** — an overnight sleep test done at a sleep center that measures and records what happens while you sleep, including your brain activity, eye movements, and muscle activity — to make a diagnosis.

Alzheimer's Disease and Related Dementias and Sleep

Alzheimer's and related dementias can cause changes such as sleeping too much or not enough, waking up often, and wandering or yelling at night. This affects the sleep of both the person with dementia and the caregiver. Poor sleep quality can make dementia symptoms worse, so it is important to take steps that help improve sleep and nighttime safety.

Sleep and Safety Tips

- Help the person get exercise each day.
- Limit daytime naps and make sure they get enough sleep at night.
- Plan activities for earlier rather than later in the day.
- Create a routine that includes a peaceful and relaxing mood.
- Make sure the floor is clear of objects.
- Lock up any medicines.
- Attach grab bars in the bathroom.
- Place a gate across the stairs.
- Use nightlights in the bedroom, hall, and bathroom.

Learn more about managing sleep problems at www.nia.nih.gov/health/6-tips-managing-sleep-problems-alzheimers.

Points to Remember

- Sleep is a complex process.
- You need quality sleep to stay healthy and help you function.
- As you age, how you sleep changes.
- There are healthy habits you can practice to improve your sleep.
- It's important to talk with your doctor if you experience sleep problems.



For More Information

American Sleep Apnea Association

888-293-3650 (toll-free)

asaa@sleepapnea.org | www.sleepapnea.org

Centers for Disease Control and Prevention

800-232-4636 (toll-free) | 888-232-6348 (TTY/toll-free)

cdcinfo@cdc.gov

www.cdc.gov

MedlinePlus

National Library of Medicine

www.medlineplus.gov

National Center on Sleep Disorders Research

301-592-8573

ncsdr@nih.gov

www.nhlbi.nih.gov/about/divisions/division-lung-diseases/national-center-sleep-disorders-research

National Energy Assistance Referral Hotline

866-674-6327 (toll-free) | 866-367-6228 (TTY/toll-free)

energyassistance@ncat.org

<https://liheapch.acf.hhs.gov/help>

National Sleep Foundation

703-243-1697

nsf@thensf.org | www.thensf.org

Restless Legs Syndrome Foundation

512-366-9109

info@rls.org | www.rls.org

To Learn More About Health and Aging

National Institute on Aging Information Center

800-222-2225 (toll-free)

800-222-4225 (TTY/toll-free)

niaic@nia.nih.gov

www.nia.nih.gov

Visit www.nia.nih.gov/health to find more health and aging information from NIA and subscribe to email alerts.

Visit <https://order.nia.nih.gov> to order free print publications.

Share this booklet with friends and family so they can learn how to get a good night's sleep.

Words to Know

Adenosine

(pronounced ah-DEN-o-seen)

A chemical that increases in your brain while you're awake and gets broken down while you're asleep.

Circadian rhythm

(pronounced sir-KAY-dee-un RIH-thum)

The body's 24-hour repeating rhythm, also called the "body's clock." Drives the timing for sleep.

Insomnia

(pronounced in-SOM-nee-uh)

A condition in which a person has trouble falling asleep or staying asleep.

Melatonin

(pronounced mel-ah-TONE-in)

A hormone your body releases when it gets dark that makes you feel sleepy.

Non-rapid eye movement (non-REM) sleep

A type of sleep when brain wave activity slows down. Also called "deep sleep."

Periodic limb movement disorder

A sleep disorder in which a person's legs jerk and kick every 20 to 40 seconds during sleep.

Polysomnogram (PSG)

(pronounced pol-ee-som-nuh-gram)

An overnight sleep test done at a sleep center or lab that measures and records what happens while you sleep, including your brain activity, eye movements, and muscle activity.

Rapid eye movement (REM) sleep

A type of sleep when patterns (waves) of electrical activity in your brain are closest to what they are when you're awake. You typically dream during REM sleep.

Rapid eye movement (REM) sleep behavior disorder

A sleep disorder in which a person can move their muscles during REM sleep and act out their dreams.

Restless legs syndrome

A sleep disorder in which a person feels one or both legs tingling, or feels a crawling or pins and needles sensation that gets worse at night and feels better with movement.

Sleep apnea

(pronounced . . . AP-nee-uh)

A condition in which a person experiences pauses in breathing during sleep.

Sleep-wake homeostasis

(pronounced . . . HOH-mee-oh-STAY-sis)

The body's drive to sleep that increases the longer you are awake. Refers to a state of balance.



National Institute
on Aging

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November 2020

AgePage

Smoking: It's Never Too Late to Stop

“I’ve smoked two packs of cigarettes a day for 40 years—what’s the use of quitting now? Will I even be able to quit after all this time?”

It doesn't matter how old you are or how long you've been smoking; quitting smoking at any time improves your health. When you quit, you are likely to add years to your life, breathe more easily, have more energy, and save money. You will also:

- Lower your risk of cancer, heart attack, stroke, and lung disease
- Have better blood circulation
- Improve your sense of taste and smell
- Stop smelling like smoke
- Set a healthy example for your children and grandchildren

Research supported by the National Institutes of Health (NIH), the Centers for Disease Control and Prevention (CDC), and the Food and Drug Administration (FDA) confirms that even if you're 60 or older and have been smoking for decades, quitting will improve your health.

Smoking shortens your life. It causes about 1 of every 5 deaths in the United States each year. Smoking makes millions of Americans sick by causing:

- **Lung disease.** Smoking damages your lungs and airways, sometimes causing chronic bronchitis. It can also cause emphysema, which destroys your lungs, making it very hard for you to breathe.
- **Heart disease.** Smoking increases your risk of heart attack and stroke.
- **Cancer.** Smoking can lead to cancer of the lungs, mouth, larynx (voice box), esophagus, stomach, liver, pancreas, kidneys, bladder, and cervix.
- **Respiratory problems.** If you smoke, you are more likely than a nonsmoker to get the flu, pneumonia, or other infections that can interfere with your breathing.

- **Osteoporosis.** If you smoke, your chance of developing osteoporosis (weak bones) is greater.
- **Eye diseases.** Smoking increases the risk of eye diseases that can lead to vision loss and blindness, including cataracts and age-related macular degeneration (AMD).
- **Diabetes.** Smokers are more likely to develop type 2 diabetes than nonsmokers, and smoking makes it harder to control diabetes once you have it. Diabetes is a serious disease that can lead to blindness, heart disease, nerve disease, kidney failure, and amputations.

Smoking can also make muscles tire easily, make wounds harder to heal, increase the risk of erectile dysfunction in men, and make skin become dull and wrinkled.

Nicotine Is a Drug

Nicotine is the drug in tobacco that makes cigarettes so addictive. Although some people who give up smoking have no withdrawal symptoms, many people continue to have strong cravings for cigarettes. They also may feel grumpy, hungry, or tired. Some people have headaches, feel depressed, or have

problems sleeping or concentrating. These symptoms fade over time.

Help with Quitting

Many people say the first step to quitting smoking successfully is to make a firm decision to quit and pick a definite date to stop. Make a plan to deal with the situations that trigger your urge to smoke and to cope with cravings. You may need to try many approaches to find what works best for you. For example, you might:

- Talk with your doctor.
- Read self-help information.
- Go to individual or group counseling.
- Download the mobile apps or sign up for the text messaging service at <https://60plus.smokefree.gov/resources/mobile-tools>.
- Ask a friend for help.
- Think of what you can do with the money you spend on cigarettes and set up a rewards system.
- Take a walk or try a new physical activity you enjoy.
- Take medicine to help with symptoms of nicotine withdrawal.

Some people worry about gaining weight if they quit. If that concerns

you, make a plan to exercise and be physically active when you quit—it may distract you from your cravings and is important for healthy aging.

Breaking the Addiction

When you quit smoking, you may need support to cope with your body's desire for nicotine. Nicotine replacement products help some smokers quit. You can buy gum, patches, or lozenges over the counter.

There are also prescription medications that may help you quit. A nicotine nasal spray or inhaler can reduce withdrawal symptoms and make it easier for you to quit smoking.

Other drugs may also help with withdrawal symptoms. Talk with your doctor about which medicines might be best for you.

Cigars, Pipes, Hookahs, Chewing Tobacco, and Snuff Are Not Safe

Some people think smokeless tobacco (chewing tobacco and snuff), pipes, and cigars are safe alternatives to cigarettes. They are not. Smokeless tobacco causes cancer of the mouth and pancreas. It also causes precancerous lesions (known as oral leukoplakia), gum

problems, and nicotine addiction. Pipe and cigar smokers may develop cancer of the mouth, lip, larynx, esophagus, and bladder. Those who inhale when smoking are also at increased risk of getting lung cancer as well as heart disease, chronic bronchitis, chronic obstructive pulmonary disease, and emphysema. Using a hookah to smoke tobacco poses many of the same health risks as cigarette smoking.

Secondhand Smoke Is Dangerous

Secondhand smoke created by cigarettes, cigars, and pipes can cause serious health problems for family, friends, and even pets of smokers. Secondhand smoke is especially dangerous for people who already have lung or heart disease. In adults, secondhand smoke can cause heart disease and lung cancer. In babies, it can increase the risk of sudden infant death syndrome (SIDS), which is the unexplained death of a baby younger than 1 year of age. Children are also more likely to have lung problems, ear infections, and severe asthma if they are around secondhand smoke.

Get the Facts About E-Cigarettes

Electronic cigarettes, or e-cigarettes, deliver nicotine, flavor, and other chemicals that are inhaled by the user. They are sometimes called “e-cigs,” “e-hookahs,” “mods,” “vape pens,” “vapes,” or “tank systems,” and may look like regular cigarettes, pens, or even USB sticks. They may contain harmful substances like lead and cancer-causing chemicals, in addition to nicotine, which is addictive. Some flavorings in e-cigarettes have been linked to lung disease. Scientists are still studying the long-term effects e-cigarettes may have on your health. The U.S. Food and Drug Administration (FDA) has not approved e-cigarettes as a quit-smoking aid. There is limited evidence that they help smokers quit.

Good News About Quitting

The good news is that after you quit smoking, even in your 60s, 70s, or beyond:

- Your heart rate and blood pressure drop to more normal levels.

- Your nerve endings begin to regenerate, so you can smell and taste better.
- Your lungs, heart, and circulatory system will begin to function better.
- You will cough and feel out of breath less often.
- Your chance of having a heart attack or stroke will drop.
- Your breathing will improve.
- Your chance of getting cancer will be lower.

No matter how old you are, all these health benefits are important reasons to make a plan to stop smoking.

Call a Smoking Quitline

A trained counselor can help you stop smoking or stay on track. You can call:

- The National Cancer Institute’s Smoking Quitline, **1-877-448-7848 (1-877-44U-QUIT)**
- Smokefree.gov, which connects you with your State’s Quitline, **1-800-784-8669 (1-800-QUITNOW)**
- Veterans Smoking Quitline, **1-855-784-8838 (1-855-QUITVET)**

You Can Quit Smoking: Stick with It!

Many people need a few tries before they quit smoking for good. If you slip and have a cigarette, you are not a failure. You can try again and be successful.

It's never too late to get benefits from quitting smoking. Quitting, even in later life, can significantly lower your risk of heart disease, stroke, and cancer over time and reduce your risk of death.

For More Information About Quitting Smoking

Centers for Disease Control and Prevention (CDC)

1-800-232-4636 (toll-free)
1-888-232-6348 (TTY/toll-free)
cdcinfo@cdc.gov
www.cdc.gov

MedlinePlus

National Library of Medicine
www.medlineplus.gov/quittingsmoking.html

National Cancer Institute

1-800-422-6237 (toll-free)
cancergovstaff@mail.nih.gov
www.cancer.gov

National Heart, Lung, and Blood Institute

1-301-592-8573
nhlbiinfo@nhlbi.nih.gov
www.nhlbi.nih.gov

Smokefree60+

National Cancer Institute
1-877-448-7848
(1-877-44U-QUIT/toll-free)
cancergovstaff@mail.nih.gov
www.60plus.smokefree.gov

For more information about health and aging, contact:

National Institute on Aging Information Center

1-800-222-2225 (toll-free)
1-800-222-4225 (TTY/toll-free)
niaic@nia.nih.gov
www.nia.nih.gov

Visit www.nia.nih.gov/health to find more health and aging information from NIA and subscribe to email alerts. Visit <https://order.nia.nih.gov> to order free print publications.



National Institute
on Aging

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January 2019

AgePage

Taking Care of Your Teeth and Mouth

Healthy teeth and gums make it easy for you to eat well and enjoy good food. Several problems can affect the health of your mouth, but good care should keep your teeth and gums strong as you age.

Tooth Decay

Teeth are covered in a hard, outer coating called enamel. Every day, a thin film of bacteria called dental plaque builds up on your teeth. The bacteria in plaque produce acids that can harm enamel and cause cavities. Brushing and flossing your teeth can prevent decay, but once a cavity forms, to avoid further damage, a dentist must fix it with a filling.

Use fluoride toothpaste to protect your teeth from decay. If you are at a higher risk for tooth decay (for example, if you have a dry mouth because of a condition you have or medicines you take), you might need

more fluoride. Your dentist or dental hygienist may give you a fluoride treatment during an office visit or may tell you to use a fluoride gel or mouth rinse at home.

Gum Disease

Gum disease begins when plaque builds up along and under your gum line. Plaque causes an infection that hurts the gum and bone that hold your teeth in place. A mild form of gum disease may make your gums red, tender, and more likely to bleed. This problem, called gingivitis, can often be fixed by brushing and flossing every day.

A more severe form of gum disease, called periodontitis, must be treated by a dentist. If not treated, this infection can lead to sore, bleeding gums, painful chewing problems, and even tooth loss.

To prevent gum disease:

- Brush your teeth twice a day with fluoride toothpaste.
- Floss regularly.
- Visit your dentist routinely for a checkup and cleaning. Tell the dentist about any medical conditions you have and medications you take.
- Eat a well-balanced diet.
- Quit smoking. Smoking increases your risk for gum disease.

How to Clean Your Teeth and Gums

There is a right way to brush and floss your teeth. Every day:

- Gently brush your teeth on all sides with a soft-bristle brush and fluoride toothpaste. Replace your toothbrush every 3 to 4 months.
- Use small circular motions and short back-and-forth strokes.
- Brush carefully and gently along your gum line.
- Lightly brush your tongue or use a tongue scraper to help keep your mouth clean.
- Clean between your teeth and mouth with dental floss, prethreaded flossers, a water flosser, or a similar product. This removes plaque and leftover food that a toothbrush can't reach.
- Rinse after you floss.

People with arthritis or other conditions that limit hand motion may find it hard to hold and use a toothbrush. Some helpful tips are:

- Use an electric or battery-operated toothbrush.
- Buy a toothbrush with a larger handle.
- Attach the toothbrush handle to your hand with a wide elastic band.



See your dentist if brushing or flossing causes your gums to bleed or hurts your mouth. If you have trouble flossing, a floss holder may help. Ask your dentist to show you the right way to floss.

How to Floss



● Hold floss as shown.



● Use floss between upper teeth.



● Curve floss like a "C" around each tooth.

Dentures

Sometimes, false teeth (dentures) are needed to replace badly damaged teeth or teeth lost because of gum disease. Partial dentures may be used to fill in one or more missing teeth. Dentures may feel strange at first. In the beginning, your dentist may want to see you often to make sure the dentures fit. Over time, your gums will change shape, and your dentures may need to be adjusted or replaced. Be sure to let your dentist handle these adjustments.

Be careful when wearing dentures because it may be harder for you to feel hot foods and drinks or notice bones in your food. When learning to eat with dentures, it may be easier if you:

- Start with soft, non-sticky food.
- Cut your food into small pieces.
- Chew slowly using both sides of your mouth.

Keep your dentures clean and free from food that can cause stains or bad breath. Avoid small crunchy foods that can get trapped under the dentures and hurt your gums. Brush dentures every day with a denture-care product, and soak them in water or a denture-cleansing liquid at night. Be sure to leave them out of your mouth while you sleep to prevent swollen gums.

Dry Mouth

Dry mouth happens when you don't have enough saliva, or spit, to keep your mouth wet. It can make it hard to eat, swallow, taste, and even speak. Dry mouth can increase your risk of tooth decay, fungal infections of the mouth, and cavities. Many common medicines can cause this problem. For example, medicines for high blood pressure, depression, and bladder-control issues often cause dry mouth.

There are things you can do that may help. Try sipping water or sugarless drinks. Don't smoke, and avoid alcohol, caffeine, soft drinks, and acidic fruit juices. Sugarless hard candy or sugarless gum that is a

little tart may help. Your dentist or doctor might suggest using artificial saliva to keep your mouth wet.

Oral Cancer

Oral cancer can start in any part of the mouth or throat, including the tongue. It is more likely to happen in people over age 40. A dental checkup is a good time for your dentist to look for signs of oral cancer. Pain is not usually an early symptom of the disease. Treatment works best before the disease spreads. Even if you have lost all your natural teeth, you should still see your dentist for regular oral cancer exams.

You can lower your risk of getting oral cancer in a few ways:

- Do not use tobacco products, such as cigarettes, chewing tobacco, snuff, pipes, or cigars.
- If you drink alcohol, do so only in moderation.
- Use lip balm with sunscreen.
- Electronic cigarettes (e-cigarettes) are relatively new, and scientists are still learning about their long-term health effects. However, we do know e-cigarette vapor contains cancer-causing chemicals.

Finding Low-Cost Dental Care

Dental care can be costly. Medicare does not cover routine dental care, and some States limit dental coverage under Medicaid. You may want to check out private dental insurance for older people.

Make sure you are aware of the cost and what services are covered. The following resources may help you find low-cost dental care:

- Some dental schools have clinics where students get experience treating patients at a reduced cost. Qualified dentists supervise the students. Visit www.nidcr.nih.gov/sites/default/files/2019-09/finding-low-cost-dental-care_0.pdf for a list of U.S. dental schools and other places that offer affordable care.
- Dental hygiene schools may offer supervised, low-cost care as part of the training experience for dental hygienists. See schools listed by State at www.adha.org/dental-hygiene-programs.
- Call your county or State health department to find dental clinics near you that charge based on your income.
- To locate a community health center near you that offers dental services, visit www.findahealthcenter.hrsa.gov.
- United Way chapters may be able to direct you to free or reduced-cost dental services in your community. Call “211” to reach a local United Way chapter or visit www.unitedway.org/find-your-united-way.

For More Information About Healthy Teeth and Gums

American Dental Association

1-800-621-8099 (toll-free)

MouthHealthy@ada.org

www.mouthhealthy.org/en

American Dental Hygienists’ Association

1-312-449-8900

www.adha.org

Health Resources and Services

Administration Information Center

www.findahealthcenter.hrsa.gov

National Institute of Dental and

Craniofacial Research

1-866-232-4528 (toll-free)

nidcrinfo@mail.nih.gov

www.nidcr.nih.gov

For more information on health and aging, contact:

National Institute on Aging

Information Center

1-800-222-2225 (toll-free)

1-800-222-4225 (TTY/toll-free)

niaic@nia.nih.gov

www.nia.nih.gov

Visit www.nia.nih.gov/health to find more health and aging information from NIA and subscribe to email alerts. Visit <https://order.nia.nih.gov> to order free print publications.



**National Institute
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March 2020



Red Flags of Abuse

Does a senior or adult with a disability that you know display any warning signs of mistreatment?

Neglect

- Lack of basic hygiene
- Lack of adequate food
- Lack of medical aids (glasses, walker, teeth, hearing aid, medications)
- Lack of clean appropriate clothing
- Person with dementia left unsupervised
- Bed bound person left without care
- Home cluttered, filthy, in disrepair, or having fire & safety hazards
- Home without adequate facilities (stove, refrigerator, heat, cooling, working plumbing, and electricity)
- Untreated pressure “bed” sores

Financial Abuse

- Lack of amenities victim could afford
- Elder “voluntarily” giving inappropriate financial reimbursement for needed care and companionship
- Caregiver has control of elder’s money but is failing to provide for elder’s needs
- Caretaker “living off” elder
- Elder has signed property transfers (Power of Attorney, new will, etc.) when unable to comprehend the transaction

Psychological Abuse

- Caregiver isolates elder (doesn’t let anyone into the home or speak to the elder)
- Caregiver is verbally aggressive or demeaning, controlling, overly concerned about spending money, or uncaring

Physical Abuse

- Inadequately explained fractures, bruises, welts, cuts, sores or burns

Reporting in Orange County—Abuse of Elders (age 65+) and Vulnerable Adults:

If you suspect abuse occurring in the community, call *Adult Protective Services* (APS) to make a *confidential* report or to discuss making a report: **1-800-451-5155**

If you suspect abuse occurring in a Residential Care Facility, call the *Council on Aging-OC, Long-Term Care Ombudsman*: **1-800-300-6222**

You can also call local Law Enforcement if someone's safety is at risk and/or you suspect criminal conduct.

Reporting Suspected Elder Abuse *Outside* of Orange County:

If you suspect elder abuse, neglect, or exploitation, please call the national Eldercare Locator, a public service of the U.S. Administration on Aging at **(1-800-677-1116)**

In case of emergency, call your local police station or **911**.

Resources

- Orange County Office on Aging Information and Referrals: (800) 510-2020
- CA State Long Term Care Ombudsman CRISISline: (800) 231-4024
- O.C. Mental Health Crisis Hotline: (714) 834-6900
- CA State Bar Lawyer Referral Service: (866) 442-2529
- CA Office of Victim Services: (877) 433-9069



Send an email or visit us online for more resources! www.centeronelderabuse.org



CENTER OF EXCELLENCE
ON ELDER ABUSE AND NEGLECT
UNIVERSITY of CALIFORNIA, IRVINE

Program in Geriatrics
University of California, Irvine
School of Medicine
Tel: 714-456-5530

Promoting aging with dignity and eliminating aging in fear

The Center is grateful to its generous supporters: the Archstone Foundation, Kaiser Permanente Foundation, the National Institute of Justice, the National Institute on Aging, The SCAN Foundation, UniHealth Foundation, and individual donors. Their funding is changing the way elder abuse is addressed throughout California and the nation.

What is Financial Exploitation?

Financial exploitation happens when someone illegally or improperly uses your money or belongings for their personal use. Financial exploitation is the fastest growing form of elder abuse. It is a crime and is often not reported. Learn how to protect yourself. The four steps below will help you prevent, detect and report financial exploitation.

1. **KNOW** Your Rights

There are no federal regulations for assisted living facilities (also known as board and care or residential care facilities), and requirements are different in each state. All states require facilities to protect residents from abuse, neglect and exploitation. For more information about your state's assisted living regulations speak with the facility administrator or contact your local ombudsman program or state licensing and certification agency (contact information below).¹

2. **PROTECT** Your Financial Information

- If you need help managing your finances ask someone you trust to act as your agent (for a power of attorney), use a daily money manager or a representative payee for Social Security benefits.
- See an Elder Law attorney if you need legal help protecting your money (e.g. estate planning).
- Receive your benefits (e.g. pension checks) by direct deposit.
- Protect your personal information. Do not give out personal information like your Social Security or bank account numbers unless you contacted the person asking for that information.
- If you do not understand a document, seek help before signing.
- To reduce telemarketing calls, sign up on the National Do Not Call Registry (www.donotcall.gov or **1-888-382-1222**).
- Tear up or shred financial documents (e.g. receipts, statements) before throwing them away.

3. **REVIEW** Your Financial Information

It is important to check your finances and benefits often and look for warning signs of financial exploitation. Some common warning signs include:

- The person helping you does not do what you ask with your money (e.g. purchase items for you, show you your bank statements, pay for your care and services).
- The facility gives you a discharge notice due to non-payment.
- You notice unfamiliar charges to your credit cards or receive statements for credit cards or accounts you did not open.
- A caregiver asks for, demands or takes money or gifts.

¹ Links to assisted living (and nursing home) regulations for each state is available on the NH Regs Plus website: http://www.hpm.umn.edu/nhregsplus/NHRegs_by_State/By%20State%20Main.html

4. **REPORT** Any Suspicion of Financial Abuse

Facilities are required to protect residents from and investigate reports of abuse. Financial exploitation is a crime. There is information available and agencies responsible for investigating reports of financial exploitation. If you suspect financial exploitation there are several things you can do:

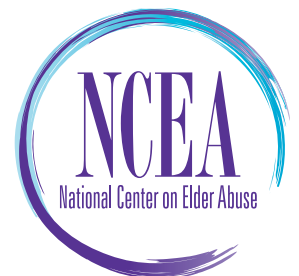
- Share your concerns with the **facility administrator, social worker** or another **staff person**.
- Contact your local **Long-Term Care Ombudsman Program**. Ombudsmen are advocates for residents in long-term care facilities and are trained to resolve complaints. For additional information about the ombudsman program in your state and contact information, visit www.ltombudsman.org/ombudsman. Contact information for your local ombudsman program should also be posted in your facility.
- Contact your **state licensing and certification agency**. Each state has an agency responsible for the licensing, certification and regulation of long-term care facilities and investigations of complaints. To locate your state licensing and certification agency visit www.ltombudsman.org/ombudsman.
- Contact **Adult Protective Services (APS)**. APS investigates reports of abuse, neglect and exploitation of elders and, in many states, individuals with disabilities. Every state has APS services, but the services vary by state. To locate APS services in your area, visit www.napsa.now.org/get-help/how-aps-helps.
- Financial exploitation is a crime. Contact your **local law enforcement agency**.
- For additional information regarding elder abuse, neglect or exploitation visit the **National Center on Elder Abuse (NCEA)** website at www.ncea.aoa.gov or call **1-855-500-3537**.



To locate resources in your state you can contact **Eldercare Locator**. Eldercare Locator is a national public service to help older adults and caregivers connect with local aging and disability services including the Long-Term Care Ombudsman Program, Adult Protective Services, your state licensing and certification agency and legal assistance. You can reach the Eldercare Locator by calling **1-800-677-1116** or visiting www.eldercare.gov.

This fact sheet was completed by The National Consumer Voice for Quality Long-Term Care for the National Center on Elder Abuse (Grant Number 90-AB0002) and is supported in part by a grant from the Administration on Aging, U.S. Department of Health and Human Services (DHHS). Grantees carrying out projects under government sponsorship are encouraged to express freely their findings and conclusions. Therefore, points of view or opinions do not necessarily represent official Administration on Aging or DHHS policy. NCEA: www.ncea.aoa.gov.

Fact Sheet is available in English, Spanish and Simplified Chinese.



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1. **KNOW** Your Rights¹

Federal nursing home regulations provide the following resident rights and facility requirements (state nursing home regulations may provide additional protections):²

Residents (or the residents' legal representative) have the right to:

- Access all records pertaining to himself or herself within 24 hours (excluding weekends and holidays).
- Manage his or her financial affairs.
- Be fully informed of available services and charges for each service.
- To file a complaint without fear of retaliation.

The facility is required to:

- Protect personal funds residents choose to deposit with the facility and place resident personal funds greater than \$50 into an interest bearing account.
- Maintain a full and separate accounting of each resident's personal funds.
- Make individual financial records available through quarterly statements to the resident or resident's legal representative.
- Not charge a resident for services or items paid for by Medicare or Medicaid.

2. **PLAN** How to Handle Your Finances

- If you deposit your personal funds with the facility, review your financial records at least quarterly.
- Ask someone you trust to act as your agent (for a power of attorney) or representative payee for Social Security benefits.
- Receive your benefits (e.g. pension check) by direct deposit.
- Residents receiving Medicaid are entitled to a monthly Personal Needs Allowance (PNA). If you do not know about your PNA ask the facility staff or the individual assisting you with your finances.
- Tear up or shred financial documents (e.g. receipts, statements) before throwing them away.
- Protect your personal information. Do not give out personal information like your Social Security or bank account numbers unless you contacted the person asking for that information.

1 For more fact sheets and additional resources regarding residents' rights and advocating for quality long-term care visit the National Consumer Voice for Quality Long-Term Care (Consumer Voice) website www.theconsumervoice.org.

2 42 CFR 483.10 Resident Rights

<http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&SID=e5d3af40a300a1dbbea73a7392115694&rgn=div8&view=text&node=42:5.0.1.1.2.2.7.3&idno=42>.

3. **REVIEW** Your Financial Information

It is important to check your finances and benefits often and look for warning signs of financial exploitation. Some common warning signs include:

- The person helping you does not do what you ask with your money (e.g. purchase items for you, show you your bank statements, pay for your care and services).
- The facility gives you a discharge notice due to non-payment.
- You notice unfamiliar charges to your credit cards or receive statements for credit cards or accounts you did not open.
- A caregiver asks for, demands or takes money or gifts.

4. **REPORT** Any Suspicion of Financial Abuse

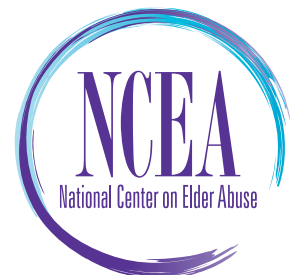
Facilities are required to protect residents from and investigate reports of abuse. Financial exploitation is a crime. There is information available and agencies responsible for investigating reports of financial exploitation. If you suspect financial exploitation there are several things you can do:

- Share your concerns with the **facility administrator**, **social worker** or another **staff person**.
- Contact your local **Long-Term Care Ombudsman Program**. Ombudsmen are advocates for residents in long-term care facilities and are trained to resolve complaints. For additional information about the ombudsman program in your state and contact information, visit www.ltombudsman.org/ombudsman. Contact information for your local ombudsman program should also be posted in your facility.
- Contact your **state licensing and certification agency**. Each state has an agency responsible for the licensing, certification and regulation of long-term care facilities and investigations of complaints. To locate your state licensing and certification agency visit www.ltombudsman.org/ombudsman.
- Contact **Adult Protective Services (APS)**. APS investigates reports of abuse, neglect and exploitation of elders and, in many states, individuals with disabilities. Every state has APS services, but the services vary by state. To locate APS services in your area, visit www.napsa.now.org/get-help/how-aps-helps.
- Financial exploitation is a crime. Contact your **local law enforcement agency**.
- For additional information regarding elder abuse, neglect or exploitation visit the **National Center on Elder Abuse (NCEA)** website at www.ncea.aoa.gov or call **1-855-500-3537**.

To locate resources in your state you can contact **Eldercare Locator**. Eldercare Locator is a national public service to help older adults and caregivers connect with local aging and disability services including the Long-Term Care Ombudsman Program, Adult Protective Services, your state licensing and certification agency and legal assistance. You can contact the Eldercare Locator by calling **1-800-677-1116** or visiting www.eldercare.gov.

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Fact Sheet is available in English, Spanish and Simplified Chinese.



It's The Law

Mandated Reporters

You Must Report Suspected Elder and
Dependent Adult Abuse

People who serve elders or dependent adults in any capacity are required to report suspected abuse under the Welfare and Institution Code, section 15630

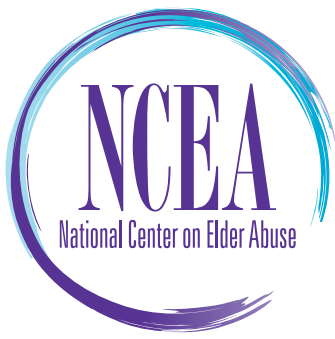
When & How to Report:

For abuse occurring in the community call
APS - Adult Protective Services: 800-451-5155; Fax: 714-704-6161

For abuse occurring in a Long-Term Care Facility call
the **Council on Aging-Orange County, Ombudsman Program:**
800-300-6222, Fax: 714-479-0234



Whether you are a victim or suspect the abuse of someone you know, you are not alone when seeking help!



PROTECT YOURSELF

From Abuse, Neglect and Exploitation!

Unfortunately, it is estimated that millions of U.S. elders, from all walks of life, face abuse and neglect every year. Anyone can be victimized. However, there are things you can do to help protect yourself from abuse and neglect...

PLAN! Talk with family members, friends, and professionals that you trust and plan for your future. Consider doing the following:

- Have your income (e.g. retirement, Social Security, SSI, disability income) directly deposited into your checking account. Contact your bank or go to **www.godirect.org** for help.
- If managing your daily finances becomes difficult, consider utilizing a daily money manager. Only allow someone you trust to manage your finances. Visit **www.aadmm.com** or **www.aarpmp.org** for further information on professional money management services.
- Get your estate plan in place. Talk with an attorney about helping you create the following as appropriate:
 - a living will. *The Five Wishes living will is one popular example, visit **www.agingwithdignity.org***
 - a revocable trust
 - durable power of attorney for healthcare and/or asset management. *Name a person you trust to make healthcare and asset management decisions for you when you are incapable. Designating co-powers of attorney can ensure that no one agent can act unilaterally.*
- If you have to go to a long term care facility, learn about your options! Visit **www.medicare.gov/quality-care-finder/** for more info on long term care facility quality.



BE CAUTIOUS! Unscrupulous people target seniors and will abuse or take advantage of them. Consider doing the following:

- Learn about the types of elder abuse and neglect and associated warning signs (see National Center on Elder Abuse website to learn more: **www.ncea.aoa.gov/ncearoot/Main_Site/pdf/publication/NCEA_WhatsAbuse-2010.pdf**)
- Get on the National Do Not Call Registry to reduce telemarketing calls. Visit **www.donotcall.gov** or call **888-382-1222** to register your phone number.
- If you are offered a “prize”, “loan”, “investment”, etc. that sounds too good to be true, it probably is too good to be true.
- Consult with someone you trust before making a large purchase or investment. Don’t be pressured or intimidated into immediate decisions.
- Don’t sign any documents that you don’t completely understand without first consulting an attorney or family member you trust.
- Do not provide personal information (e.g. social security number, credit card) over the phone unless you placed the call and know with whom you are speaking.
- Tear up or shred credit card receipts, bank statements, and financial records before disposing of them in the trash.
- If you hire someone for personal assistance services, in home care services, etc. ensure that they have been properly screened with criminal background checks completed.

STAY CONNECTED!

Keep in touch regularly with others, isolation can make you vulnerable to abuse. Consider doing the following:

- Build a network of family, friends, neighbors, and groups that you can interact with
- Keep active, stay busy! Get involved with your senior center or other groups
- Create a buddy system with other elders, call each other daily for reassurance and friendship and visit each other if possible.



REPORT! Making a report in instances of abuse or neglect is the right thing to do, and it's easy. Don't be afraid! Elders have a right to be safe!

» In cases of immediate danger, call **911**.

» If you or others experience abuse or neglect in a community setting:

Adult Protective Services (APS) is there to help. The APS mission is to ensure the safety and well-being of elders and dependent adults. To learn more about APS visit: www.apsnetwork.org/Abuse/index.html

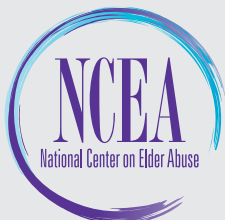
» If you or others experience abuse or neglect in a long term care facility (e.g. nursing home, assisted living facility):

The Long Term Care Ombudsman Program is there to help. The program's mission is to advocate for residents in long term care facilities to help ensure safe, appropriate care. To learn more about the ombudsman program visit: www.ltombudsman.org

LEARN MORE!

» Call **Eldercare Locator** at **1-800-677-1116** or visit the website at www.eldercare.gov/eldercare.NET/Public/index.aspx for your local reporting phone numbers.

» You may also visit the **National Center on Elder Abuse** website at: www.ncea.aoa.gov/NCEAroot/Main_Site/Find_Help/State_Resources.aspx to get state by state reporting information.



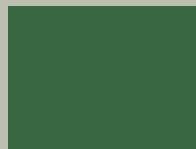
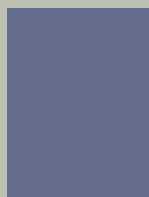
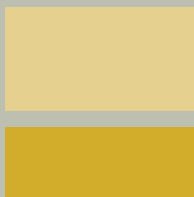
PREPARED FOR **NCEA** BY:

CENTER OF EXCELLENCE
ON ELDER ABUSE AND NEGLECT
UNIVERSITY of CALIFORNIA, IRVINE

For more information: www.ncea.aoa.gov

PROTECT YOUR POCKETBOOK

Tips to Avoid Financial Exploitation



Connecting You to Community Services

Financial exploitation targeting older adults is a major problem that is growing across the United States. Research shows that as many as five million older adults are victims of elder abuse each year. Financial exploitation, also known as financial abuse, is believed to cost seniors an estimated \$3 billion annually. It is a threat to the health, safety, dignity and independence of vulnerable older adults, but you can help prevent it from happening.

This brochure is not meant to “scare” you or make you paranoid about all financial matters. The vast majority of family, friends and professionals who help you handle your money have good intentions. This brochure should simply be used as a tool to educate you about financial exploitation, provide you with tips on how to stay safe and direct you to resources in case you need help for yourself or a friend.

What is considered financial exploitation (abuse)?

Financial exploitation happens when someone illegally or improperly uses your money or property for their own benefit. This type of exploitation can be committed by someone you know or a complete stranger.

Who might commit financial exploitation?

Often financial exploitation is committed by a person you know and trust, such as a friend, caregiver or family member. But anyone who has access to your personal information may choose to misuse that information for their own benefit. Some predictors of potential abusers are: people with drug or alcohol issues; people with gambling problems; people with untreated mental health issues; people who are financially dependent.

Are you at risk?

Everyone could potentially be the target of financial exploitation and everyone should be cautious with their financial matters, especially older adults. You might be particularly at risk if: you depend on others for meeting many personal needs; you recently lost a spouse or loved-one who handled your finances; family or friends regularly handle your finances; you feel isolated from society; you have difficulty understanding finances; and/or you live in a long-term care setting.

What are some potential signs of financial exploitation?

You, family and friends or your bank might notice some common warning signs that may indicate that you are being exploited. These signs might include:

- You notice financial activity that is inconsistent with your financial history and/or beyond your means (i.e. increased or unexplained credit card activity, withdrawals in spite of penalties, newly authorized signers on accounts).
- Your caregiver or beneficiary refuses to use your funds for necessary care and treatment.
- You are confused about recent financial arrangements/transactions and are reluctant to discuss finances.
- There have been recent changes to your property titles, deeds, refinanced mortgages, Power of Attorney documents, wills, trusts or other documents that you do not understand and did not authorize.
- People are threatening to place you in a long-term care facility unless you give them control of your finances.
- It appears that food or medication has been manipulated or withheld so you become weak and compliant.
- You have been threatened with harm, neglect or abandonment if you don't agree to financial arrangements presented by others.
- You have taken on the financial responsibility for a family member or friend without regard for your own needs.



I think I am being exploited. What should I do?

Do some of the warning signs sound familiar to you? Are your finances dwindling away at a rate that does not make sense to you? If you suspect you are a victim of financial exploitation, there are steps you can take and resources available to you to help identify and remedy the problem.

Reporting the issue may not be easy, especially when you suspect a friend or family member might be the offender. But it is important to remember that financial exploitation is a crime. You and your finances have the right to be safe and secure!

There are agencies in your state and community that deal with protecting the financial safety and well-being of older adults.

- If you feel threatened and believe you are in immediate danger, contact **local law enforcement (911)**. To report a suspected crime in a non-emergency situation, you can contact local law enforcement at their regular phone number.
- The **Eldercare Locator** is a nationwide, public service that connects older adults and caregivers with local aging resources that can help, such as an **Area Agency on Aging, Aging and Disability Resource Center or Title VI Native American aging program**. Through the Eldercare Locator you can get connected with an agency in your community, Adult Protective Services or an Ombudsman office (for abuse happening in a long-term care facility).

Call the Eldercare Locator at 800.677.1116 or visit www.eldercare.gov.

- **Adult Protective Services (APS)** are services provided to ensure the safety and well-being of older adults and adults with disabilities (policies vary by state) who are in danger of being mistreated, neglected or exploited. Each state has an Adult Protective Services program. You can locate the phone number and website for the APS in your state at **www.napsa-now.org/get-help-in-your-area**.
- **Long-term Care Ombudsmen** are advocates for residents of nursing homes, board and care homes and assisted living facilities. Ombudsmen provide information about how to find a facility and what to do to get quality care. They are trained to resolve problems. If you want, the ombudsman can assist you with complaints about abuse or neglect. Every state is required to have an Ombudsman Program. For more information, go to **www.ltombudsman.org/ombudsman**.
- The **National Center on Elder Abuse** has general information to help inform you about elder abuse. Learn more at **www.ncea.aoa.gov**.

What are steps you could take to avoid being taken advantage of financially?

Plan

Talk with family members, friends and professionals who you trust to help plan for your financial future.

Consider doing the following:

- If managing your daily finances becomes too difficult, consider engaging a money manager. Only allow someone you trust to manage your finances. Visit www.aarpmp.org for further information on money management services.
- Get your estate plan in place. Talk with an attorney about creating the following, as appropriate:
 - Durable power of attorney for asset management. Name a person you trust to make asset management decisions for you when you are unable.
 - A living will. The Five Wishes living will is one popular example, visit www.agingwithdignity.org.
 - A revocable, or living, trust.
 - Health care advance directives.

Be Cautious

Be aware! Dishonest people could potentially take advantage of you.

Consider doing the following:

- Get on the National Do Not Call Registry to reduce telemarketing calls. Visit www.donotcall.gov or call **888.382.1222** to register your phone number.
- Keep in touch with others, isolation can make you more vulnerable.
- Learn how to protect yourself from frauds and scams at www.stopfraud.gov/protect.html.
- Do not send anyone personal information to collect a prize or reward.
- Consult with someone you trust before making a large purchase or investment. Don't be pressured or intimidated into quick decisions by a salesperson or contractor.
- Don't sign any documents that you don't completely understand without first talking it over with an attorney or a family member you trust.
- Do not provide personal information (i.e. Social Security, credit card, ATM PIN number) over the phone unless you placed the call and know with whom you are speaking.
- Tear up or shred credit card receipts, bank statements, solicitations and financial records before disposing of them.
- If you hire someone to help you in your home, ensure that they have been properly screened with criminal background checks completed. Ask for certifications when appropriate.





Connecting You to Community Services

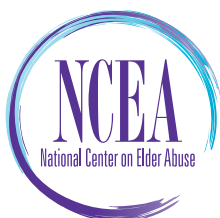
Eldercare Locator

800.677.1116

www.eldercare.gov

www.facebook.com/eldercarelocator

The Eldercare Locator is the first step to finding resources for older adults in any U.S. community and a free national service funded by a grant from the U.S. Administration on Aging (AoA). The Eldercare Locator is administered by the National Association of Area Agencies on Aging (n4a).



National Center on Elder Abuse

www.ncea.aoa.gov

www.facebook.com/nationalcenteronelderabuse

Directed by the U.S. Administration on Aging, the National Center on Elder Abuse is a resource for elder abuse information, and provides technical assistance and training to states and to community-based organizations. NCEA's quarterly e-newsletter highlights promising practices, trends, policy initiatives and research.



UNITED AGAINST ELDER ABUSE

Ageless Alliance

www.agelessalliance.org

Ageless Alliance is a grassroots movement connecting people of all age groups to identify, prevent and eliminate elder abuse.



Advocacy. Action. Answers on Aging.



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PROTECT YOURSELF FROM SCAMS!

There are many scams out there than can ensnare even savvy consumers. Many are designed specifically to target seniors. Scammers are professional liars and can be very convincing. They may contact you through the mail, email, social media, on-line dating sites, on the phone, or even in public. This guide will help you learn to recognize common warning signs of scams and simple steps that you can take to protect yourself.

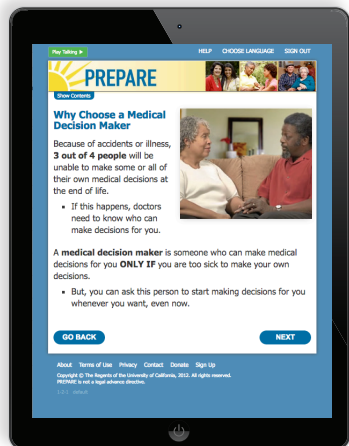
Is It A Scam?

1. Is the sales person using high pressure sales tactics? Scams often say things like, "Act Now!"; "Time is running out!"; "This is a onetime offer!"
2. Are you being asked to pay upfront fees? Lottery and sweepstakes scams often employ this tactic. If you really won something the fees can be taken out of your winnings.
3. Are you being told that you won a contest that you didn't enter? Lottery and sweepstakes scams almost always start this way. You can't win a contest that you didn't enter.
4. Have you been scammed in the past? Often scam victims have their personal contact information sold to other con artists. You may get unsolicited calls from people promising to get your money back or provide other remedies or offers. These 'offers' can be scams too. Beware!
5. Did you receive unsolicited mail, emails, or phone calls for services that you were not seeking? Research the companies that you want to employ. Many scams begin with someone knocking on your door offering services, or sending out promotional materials. This often happens in the case of home repair scams.
6. Are you being contacted by the police over the phone? Verify that they are who they say they are. Some scams begin with a person pretending to be a police officer who tells you that they are concerned that you have been a victim of a crime. They then proceed to solicit your personal information. In truth, the police will contact you in person if they have questions for you or believe that you have been a victim of a crime.

How To Protect Yourself

1. Sign up for the Do Not Call Registry at www.donotcall.gov.
2. When no longer needed, shred junk mail, old bills, bank statements and any other documents that have personal identifying information.
3. Don't give out personal information over the phone unless you originated the call and you know with whom you are talking. Particularly safeguard your social security number.
4. It is ok to be rude. If a sales person calls you or comes to your door who does not seem to be taking no for an answer, it is ok to terminate the conversation. Hang up the phone or close the door. You don't have to let yourself be pressured into anything.
5. Never sign something that you don't understand. Have a trusted and unbiased professional assist you when enter contracts or signing legal documents.
6. If you hire someone for personal assistance services, in home care services, etc. ensure that they have been properly screened with criminal background checks completed.
7. Learn about scams and stay informed
 - Sign up for AARP's Fraud Watch: https://action.aarp.org/site/SPageNavigator/FWN_Registration_Page.html
 - Check out AARP's interactive national fraud map: <http://action.aarp.org/site/PageNavigator/FraudMap.html>
 - Consumer Financial Protection Bureau offers information and tools for older Americans: www.consumerfinance.gov/older-americans
 - The Financial Fraud Enforcement Task Force offers resources and reports to help protect yourself against common types of frauds and scams: www.stopfraud.gov/protect.html
 - Stay alert to common frauds and scams by checking consumer protection sites such as www.Fraud.org
 - External Web Site Policy and FBI Common Fraud Schemes: www.fbi.gov/scams-and-safety/common-fraud-schemes

Prepare for Your Care: An Easy-to-Use Advance Care Planning Tool



Prepare for Your Care (PREPARE) is a FREE online resource that helps people understand and make decisions about their medical care.

Using video stories, PREPARE helps people explore their wishes and learn how to discuss them with family, friends, and medical providers.



www.prepareforyourcare.org

EASY TO UNDERSTAND

PREPARE is a tested resource,* written in simple language, and developed with input from patients and caregivers. The site helps people:

- Choose a medical decision maker
- Decide what matters most in life
- Choose flexibility for your decision maker
- Tell others about your wishes
- Ask doctors the right questions

EASY TO USE

PREPARE makes it easy for anyone to learn about planning for their care. The site:

- Is available in English and Spanish.
- Can be used on computers, tablets, or smart phones.
- Is HIPAA-compliant.
- Includes text voice-over and closed captioning.
- Saves personal preferences for future updating.
- Includes advance directive forms for saving.

FREE ACCESS and FREE TOOLS

PREPARE offers free support tools to help physicians and patients, in Spanish and English.

- The PREPARE [pamphlet](#) is an easy way to introduce patients to PREPARE and start the conversation.
- An [Easy-to-Read Advance Directive for California](#) is available in 10 languages.**
- A [movie version](#) of the videos can be shared in any group setting.
- A Tool Kit with printable materials supports a group viewing of the PREPARE movie.



* Sudore RL, Boscardin J, Feuz MA, McMahan RD, Katen MT, Barnes DE. Effect of the PREPARE Website vs an Easy-to-Read Advance Directive on Advance Care Planning Documentation and Engagement Among Veterans; a Randomized Clinical Trial. JAMA Intern Med. 2017 Aug 1;177(8):1102-1109.

** English, Armenian, Chinese, Farsi, Khmer, Korean, Russian, Spanish, Tagalog, and Vietnamese.



TIPS FROM GERIATRICIANS

1. If cognitive impairment is diagnosed, assess if the patient can comprehend, evaluate and choose among care options before assuming such capacity is absent.
2. Be alert to depression and burn-out in your patients' caregivers.
3. Remain aware for potential financial, mental and physical abuse and self-neglect in frail elders.
4. Use your "Sherlock" skills during your initial moments with a patient:
 - a. Is the patient's manner of dress consistent with previous visits?
 - b. Is there an odor of urine or fecal incontinence?
 - c. Are the clothes clean and appropriately fitted?
 - d. Are there any visible skin changes?
 - e. Do you need to speak more loudly for the patient to hear you? (If yes, consider using a pocket talker to assist communication.)
 - f. Do the shoes appear appropriate?
5. Write down all instructions and medication changes for the patient and/ or caregivers. Use large and bold font for all written communications, including appointment reminders.
6. Review all medications and let the patient and/or caregiver know the ones that should not be crushed. Many elders will crush oral medications before swallowing.
7. Remind elders of risks of using over-the-counter diphenhydramine (available in sleep and cold preparations) that include delirium, urinary retention, and constipation.
8. Routinely include a social history to assess the patient's daily life and functional status. Ask about sexual activity and high risk behaviors for sexually transmitted diseases and HIV.
9. California providers are required to report lapses of consciousness or control and conditions that potentially lead to unsafe driving which includes cognitive impairment. Available at: <http://www.ochealthinfo.com/civicax/filebank/blobdload.aspx?BlobID=13139>. Accessed 5/2/17
10. Physicians should engage with adult patients and their families in advance care planning to understand and document the patients' end of life wishes and values. For patients with a diagnosed terminal illness or extremely frail condition, consider completion of a POLST (Physicians' Orders for Life Sustaining Treatment) in addition to an Advanced Directive. (www.capolst.org). By recording the patient's healthcare preferences with tools such as Advance Directives or POLST, the patient is more likely to receive desired treatments and avoid treatments that the patient does not desire, even if the patient later loses decisional capacity.
11. The American Geriatrics Society has an excellent source for information on elder care, available at <https://geriatricscareonline.org>. The publication *Geriatrics at Your Fingertips* is a handy, pocket-sized reference that is updated annually.

CONFIDENTIAL MORBIDITY REPORT

PLEASE NOTE: Use this form for reporting lapses of consciousness, Alzheimer's disease or other conditions which may impair the ability to operate a motor vehicle safely (pursuant to H&S 103900).

CONDITION BEING REPORTED

Patient Name - Last Name		First Name		MI	Ethnicity (check one)	
Home Address: Number, Street				Apt./Unit No.		<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Unknown
City		State	ZIP Code		Race (check all that apply)	
Home Telephone Number		Cell Telephone Number		Work Telephone Number		<input type="checkbox"/> African-American/Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian (check all that apply)
Email Address			Primary Language		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	
Birth Date (mm/dd/yyyy)		Age	Gender		<input type="checkbox"/> M to F Transgender <input type="checkbox"/> Male <input type="checkbox"/> F to M Transgender <input type="checkbox"/> Female <input type="checkbox"/> Other: _____	
Pregnant?		Est. Delivery Date (mm/dd/yyyy)		Country of Birth		<input type="checkbox"/> White <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
Occupation or Job Title			Occupational or Exposure Setting (check all that apply):			
			<input type="checkbox"/> Food Service <input type="checkbox"/> Day Care <input type="checkbox"/> Health Care <input type="checkbox"/> Correctional Facility <input type="checkbox"/> School <input type="checkbox"/> Other (specify): _____			
Date of Onset (mm/dd/yyyy)		Date of First Specimen Collection (mm/dd/yyyy)		Date of Diagnosis (mm/dd/yyyy)		
Reporting Health Care Provider		Reporting Health Care Facility		REPORT TO: Orange County Public Health Fax: (714) 564-4050 Mail: P.O. Box 6128 Santa Ana, CA 92706-0128 Phone: (714) 834-8180 (Obtain additional forms from your local health department.)		
Address: Number, Street		Suite/Unit No.				
City		State	ZIP Code			
Telephone Number		Fax Number				
Submitted by		Date Submitted (mm/dd/yyyy)				

DEPARTMENT OF MOTOR VEHICLES (DMV)

California Driver License or Identification Card Number (eight characters):

--	--	--	--	--	--	--	--

1. If this report is based upon episodic lapses of consciousness, when was the most recent episode?: _____
(mm/dd/yyyy)
2. If there have been multiple episodes of loss of consciousness or control within the past three years, please indicate the dates if they are known to you.
 (a): _____ (b): _____ (c): _____ (d): _____ (e): _____ (f): _____
 (mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy)
3. Within the past 12 months, has there been an episode of loss of consciousness or control while driving? Yes No Uncertain
4. Are additional lapses of consciousness likely to occur? Yes No Uncertain
5. If the patient has had episodes of nocturnal seizures, is there likelihood of lapses of consciousness occurring while he/she is awake? Yes No Uncertain
6. Has this patient been diagnosed with dementia or Alzheimer's disease? Yes No Uncertain
7. Would you currently advise this patient not to drive because of his/her medical condition? Yes No Uncertain
8. Does this patient's condition represent a permanent driving disability? Yes No Uncertain
9. Would you recommend a driving evaluation by DMV? Yes No Uncertain

Remarks:

ADVANCE HEALTH CARE DIRECTIVE FORM

Probate Code - PROB

DIVISION 4.7. HEALTH CARE DECISIONS [4600 - 4806] (Division 4.7 added by Stats. 1999, Ch. 658, Sec. 39.)

PART 2. UNIFORM HEALTH CARE DECISIONS ACT [4670 - 4743] (Part 2 added by Stats. 1999, Ch. 658, Sec. 39.)

CHAPTER 2. Advance Health Care Directive Forms [4700 - 4701] (Chapter 2 added by Stats. 1999, Ch. 658, Sec. 39.)

4701. The statutory advance health care directive form is as follows:

ADVANCE HEALTH CARE DIRECTIVE (California Probate Code Section 4701) Explanation

You have the right to give instructions about your own health care. You also have the right to name someone else to make health care decisions for you. This form lets you do either or both of these things. It also lets you express your wishes regarding donation of organs and the designation of your primary physician. If you use this form, you may complete or modify all or any part of it. You are free to use a different form.

Part 1 of this form is a power of attorney for health care. Part 1 lets you name another individual as agent to make health care decisions for you if you become incapable of making your own decisions or if you want someone else to make those decisions for you now even though you are still capable. You may also name an alternate agent to act for you if your first choice is not willing, able, or reasonably available to make decisions for you. (Your agent may not be an operator or employee of a community care facility or a residential care facility where you are receiving care, or your supervising health care provider or employee of the health care institution where you are receiving care, unless your agent is related to you or is a coworker.)

Unless the form you sign limits the authority of your agent, your agent may make all health care decisions for you. This form has a place for you to limit the authority of your agent. You need not limit the authority of your agent if you wish to rely on your agent for all health care decisions that may have to be made. If you choose not to limit the authority of your agent, your agent will have the right to:

- (a) Consent or refuse consent to any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a physical or mental condition.
- (b) Select or discharge health care providers and institutions.
- (c) Approve or disapprove diagnostic tests, surgical procedures, and programs of medication.
- (d) Direct the provision, withholding, or withdrawal of artificial nutrition and hydration and all other forms of health care, including cardiopulmonary resuscitation.
- (e) Donate your organs, tissues, and parts, authorize an autopsy, and direct disposition of remains.

Part 2 of this form lets you give specific instructions about any aspect of your health care, whether or not you appoint an agent. Choices are provided for you to express your wishes regarding the provision, withholding, or withdrawal of treatment to keep you alive, as well as the provision of pain relief. Space is also provided for you to add to the choices you have made or for you to write out any additional wishes. If you are satisfied to allow your agent to determine what is best for you in making end-of-life decisions, you need not fill out Part 2 of this form.

Part 3 of this form lets you express an intention to donate your bodily organs, tissues, and parts following your death.

Part 4 of this form lets you designate a physician to have primary responsibility for your health care.

After completing this form, sign and date the form at the end. The form must be signed by two qualified witnesses or acknowledged before a notary public. Give a copy of the signed and completed form to your physician, to any other health care providers you may have, to any health care institution at which you are receiving care, and to any health care agents you have named. You should talk to the person you have named as agent to make sure that he or she understands your wishes and is willing to take the responsibility.

You have the right to revoke this advance health care directive or replace this form at any time.

PART 1
POWER OF ATTORNEY FOR HEALTH CARE

(1.1) DESIGNATION OF AGENT: I designate the following individual as my agent to make health care decisions for me:

(name of individual you choose as agent)

(address)

(city)

(state)

(ZIP Code)

(home phone)

(work phone)

OPTIONAL: If I revoke my agent's authority or if my agent is not willing, able, or reasonably available to make a health care decision for me, I designate as my first alternate agent:

(name of individual you choose as first alternate agent)

(address)

(city)

(state)

(ZIP Code)

(home phone)

(work phone)

OPTIONAL: If I revoke the authority of my agent and first alternate agent or if neither is willing, able, or reasonably available to make a health care decision for me, I designate as my second alternate agent:

(name of individual you choose as second alternate agent)

(address)

(city)

(state)

(ZIP Code)

(home phone)

(work phone)

(1.2) AGENT'S AUTHORITY: My agent is authorized to make all health care decisions for me, including decisions to provide, withhold, or withdraw artificial nutrition and hydration and all other forms of health care to keep me alive, except as I state here:

(Add additional sheets if needed.)

(1.3) WHEN AGENT'S AUTHORITY BECOMES EFFECTIVE: My agent's authority becomes effective when my primary physician determines that I am unable to make my own health care decisions unless I mark the following box. If I mark this box , my agent's authority to make health care decisions for me takes effect immediately.

ADVANCE HEALTH CARE DIRECTIVE FORM

(1.4.) AGENT'S OBLIGATION: My agent shall make health care decisions for me in accordance with this power of attorney for health care, any instructions I give in Part 2 of this form, and my other wishes to the extent known to my agent. To the extent my wishes are unknown, my agent shall make health care decisions for me in accordance with what my agent determines to be in my best interest. In determining my best interest, my agent shall consider my personal values to the extent known to my agent.

(1.5) AGENT'S POSTDEATH AUTHORITY: My agent is authorized to donate my organs, tissues, and parts, authorize an autopsy, and direct disposition of my remains, except as I state here or in Part 3 of this form:

:

(Add additional sheets if needed.)

(1.6) NOMINATION OF CONSERVATOR: If a conservator of my person needs to be appointed for me by a court, I nominate the agent designated in this form. If that agent is not willing, able, or reasonably available to act as conservator, I nominate the alternate agents whom I have named, in the order designated.

PART 2 INSTRUCTIONS FOR HEALTH CARE

If you fill out this part of the form, you may strike any wording you do not want.

(2.1) END-OF-LIFE DECISIONS: I direct that my health care providers and others involved in my care provide, withhold, or withdraw treatment in accordance with the choice I have marked below:

(a) Choice Not to Prolong Life

I do not want my life to be prolonged if (1) I have an incurable and irreversible condition that will result in my death within a relatively short time, (2) I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, or (3) the likely risks and burdens of treatment would outweigh the expected benefits, OR

(b) Choice to Prolong Life

I want my life to be prolonged as long as possible within the limits of generally accepted health care standards.

(2.2) RELIEF FROM PAIN: Except as I state in the following space, I direct that treatment for alleviation of pain or discomfort be provided at all times, even if it hastens my death:

(Add additional sheets if needed.)

(2.3) OTHER WISHES: (If you do not agree with any of the optional choices above and wish to write your own, or if you wish to add to the instructions you have given above, you may do so here.) I direct that:

(Add additional sheets if needed.)

PART 3
DONATION OF ORGANS, TISSUES, AND PARTS AT DEATH
(OPTIONAL)

(3.1) Upon my death, I give my organs, tissues, and parts (mark box to indicate yes).
By checking the box above, and notwithstanding my choice in Part 2 of this form, I authorize my agent to consent to any temporary medical procedure necessary solely to evaluate and/or maintain my organs, tissues, and/or parts for purposes of donation.

My donation is for the following purposes (strike any of the following you do not want):

- (a) Transplant
- (b) Therapy
- (c) Research
- (d) Education

If you want to restrict your donation of an organ, tissue, or part in some way, please state your restriction on the following lines:

If I leave this part blank, it is not a refusal to make a donation. My state-authorized donor registration should be followed, or, if none, my agent may make a donation upon my death. If no agent is named above, I acknowledge that California law permits an authorized individual to make such a decision on my behalf. (To state any limitation, preference, or instruction regarding donation, please use the lines above or in Section 1.5 of this form).

PART 4
PRIMARY PHYSICIAN
(OPTIONAL)

(4.1) I designate the following physician as my primary physician:

(name of physician)

(address) (city) (state) (ZIP Code)

(phone)

OPTIONAL: If the physician I have designated above is not willing, able, or reasonably available to act as my primary physician, I designate the following physician as my primary physician:

(name of physician)

(address) (city) (state) (ZIP Code)

(phone)

PART 5

(5.1) EFFECT OF COPY: A copy of this form has the same effect as the original.

(5.2) SIGNATURE: Sign and date the form here:

(date) (sign your name)

(address) (print your name)

(city) (state)

(5.3) STATEMENT OF WITNESSES: I declare under penalty of perjury under the laws of California (1) that the individual who signed or acknowledged this advance health care directive is personally known to me, or that the individual's identity was proven to me by convincing evidence (2) that the individual signed or acknowledged this advance directive in my presence, (3) that the individual appears to be of sound mind and under no duress, fraud, or undue influence, (4) that I am not a person appointed as agent by this advance directive, and (5) that I am not the individual's health care provider, an employee of the individual's health care provider, the operator of a community care facility, an employee of an operator of a community care facility, the operator of a residential care facility for the elderly, nor an employee of an operator of a residential care facility for the elderly.

First witness

Second witness

(print name) (print name)

(address) (address)

(city) (state) (city) (state)

(signature of witness) (signature of witness)

(date) (date)

(5.4) ADDITIONAL STATEMENT OF WITNESSES: At least one of the above witnesses must also sign the following declaration:

I further declare under penalty of perjury under the laws of California that I am not related to the individual executing this advance health care directive by blood, marriage, or adoption, and to the best of my knowledge, I am not entitled to any part of the individual's estate upon his or her death under a will now existing or by operation of law.

(signature of witness) (signature of witness)

**PART 6
SPECIAL WITNESS REQUIREMENT**

(6.1) The following statement is required only if you are a patient in a skilled nursing facility--a health care facility that provides the following basic services: skilled nursing care and supportive care to patients whose primary need is for availability of skilled nursing care on an extended basis. The patient advocate or ombudsman must sign the following statement:

STATEMENT OF PATIENT ADVOCATE OR OMBUDSMAN

I declare under penalty of perjury under the laws of California that I am a patient advocate or ombudsman as designated by the State Department of Aging and that I am serving as a witness as required by Section 4675 of the Probate Code.

(date)

(sign your name)

(address)

(print your name)

(city) (state)

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California,
County of _____

On _____ before me, _____
(insert name and title of officer)

personally appeared _____
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person (s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (SEAL)



State of California Secretary of State

File # _____

Registration of Written Advance Health Care Directive (Probate Code sections 4800-4805)

Important - Read all instructions before completing this form.

This Space For Filing Use Only

1. Check the applicable box (Note: Check only one box)

- New Registration** For a new registration, check this box and complete the entire form. **There is a \$10.00 fee for registration of a new directive.**
- Amendment** For an amendment to a previously filed registration form (not the directive), check this box, complete Items 3 and 7 and the appropriate section that changed. There is no filing fee.
- Revocation Only** For a revocation (change) of a written advance health care directive that has been registered previously with the Secretary of State *or* a revocation of your registration, check this box and complete Items 3 and 7. There is no filing fee.
- Revocation (change) of Prior Directive and New Registration** For a revocation (change) of a written advance health care directive that has been registered previously and the registration of a new directive, check this box and complete the entire form. **There is a \$10.00 fee for registering the new directive.**

2. Check the applicable statement(s):

- The written advance health care directive is attached.
- This serves as notification of intended place of deposit or safekeeping of a written advance health care directive.

3. Registrant's information:

Name (Last)	(First)	(Middle)
Street Address	City	State Zip Code
Date of Birth	Place of Birth	
Enter at least one item:		
a. Social Security Number	b. Driver's License Number and State or Country Issuing	c. Other Identifying Number Established By Law and State or Country Issuing

4. Agent information (if any):

Name (Last)	(First)	(Middle)
Home Telephone Number ()	Work Telephone Number ()	Mobile Phone Number ()

5. Alternate agent information (if any):

Name (Last)	(First)	(Middle)
Home Telephone Number ()	Work Telephone Number ()	Mobile Phone Number ()

6. Intended place of deposit or safekeeping of the written advance health care directive (if applicable):

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7. Signature of Registrant	Date
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Typed or Printed Name of Registrant

INSTRUCTIONS

Registering a written advance health care directive (directive) or its location is voluntary. Registration or failure to register does not affect the validity of the directive.

A directive or information regarding the location of a directive may be filed with the Secretary of State pursuant to Probate Code sections 4800-4805 by using this form. If any information on the registration form changes, or if the actual directive is revoked (changed), the registrant complete and submit this form to the Secretary of State.

A registrant must re-register upon execution of a subsequent directive.

1. If this is a new registration of your directive, check the New Registration box on the form and complete the entire form. Attach to the form a check payable to the Secretary of State in the amount of \$10.00 and mail the check and completed form to the address below.

If this is an amendment or change to a registration form that you have previously filed with the Secretary of State (for example, a change of address or a change in the location of your directive), check the Amendment box on the form, complete Items 3 and 7, and provide the information that changed in the applicable section. There is no filing fee. Mail the completed form to the address below.

If this is notification that your directive previously registered with the Secretary of State has been revoked or has changed, and you are not registering a new directive with the Secretary of State, OR if you want to revoke your prior registration of your directive with the Secretary of State, check the Revocation Only box on the form and complete Items 3 and 7. There is no filing fee. Mail the completed form to the address below.

If this is notification that your directive previously registered with the Secretary of State has been revoked or has changed, and you want to register a new Directive with the Secretary of State, check the Revocation (change) of Prior Directive and New Registration box on the form and complete the entire form. Attach to the form a check payable to the Secretary of State in the amount of \$10.00 for the new registration and mail the check and completed form to the address below.

2. Check the appropriate statement indicating if your directive is attached to this form or if you are providing the location of the directive.
3. Print your name, address, date of birth and place of birth. Also include at least one of the following: social security number, driver's license number and state or country of issuance, or another form of identification issued by a government agency. The identification numbers will not be disclosed to the public; however, they will be used by this office to ensure the correct information for the correct person is provided to your health care provider when requested.
4. Print the full name and telephone number of your agent, if any, who is authorized to make health care decisions for you as indicated in your directive.
5. Print the full name and telephone number of your alternate agent, if any, who is authorized to make health care decisions for you as indicated in your directive
6. Provide the address or location of the directive (e.g. safe in the closet in the spare room at 123 Any Street, Any City, CA 99999) if this is the purpose of the registration.
7. Sign, date and type or print your name below.

If you are unable to fill out or sign the form, another adult can complete it in your presence and at your direction. (2 Cal. Code of Regs. Section 22610.2(a))

Mail the completed form and any applicable filing fees to:

Secretary of State, Special Filings Unit, P.O. Box 942870 Sacramento, CA 94277-2870 (916) 653-3984

Note: Should you wish to register your organ and tissue donation choices, please do so with Donate Life, California's official Organ and Tissue Donor Registry, at <https://register.donatelifecalifornia.org/register/>.

Pursuant to Probate Code section 4800 and 2 Cal. Code of Regs. section 22610.2, the information on this form is requested by the Secretary of State's Office, Special Filings Unit, P.O. Box 942870, Sacramento, CA 94277-2870, Telephone number (916) 653-3984. Providing the information is necessary in order to identify you should there be a request to receive information as specifically authorized by law. Information received on lines 3(a), 3(b), and 3(c) of the form will not be disclosed except as specifically authorized by law, although at least one of the items must be provided by you for identification purposes.

THINGS MY LOVED ONES NEED TO KNOW ABOUT ME

Provided as a public service for older adults, persons
with disabilities, and their caregivers by:



Office on Aging
Information and Assistance
1-800-510-2020 www.officeonaging.ocgov.com

Completed/updated on this date, _____
(Most recent date applies)

By _____
(Print complete name clearly)

My Legal Residence:

_____ Apt. # _____

City _____ Zip _____

Phone (_____) _____ Alternate/Cell (_____) _____

**Person (nearby) who knows where to find
and has access to my important papers**

He/she can be contacted here:

My important papers are located here:

Safe Deposit Box # _____

Bank/branch:

Key is located here:

Authorized signer

PERSONAL DATA

(These are required for insurance purposes, social security, pensions, and in other cases where legal proof of age, relationships, or birthplace is required.)

⑤ Birth date: _____ City _____

County _____ State _____

My birth certificate is located here: _____

Country of Birth (If not USA) _____

Date entered the USA: _____

Citizenship papers are located here: _____

MARRIAGE

(If married more than once, use additional page.)

I am currently married. ___ Yes ___ No

Spouse: _____

Date: From _____ To _____

Place _____

Marriage Records located at _____

If Widowed:

The deceased's name: _____

Date of death: _____ Cause: _____

If divorced or separated:
___ I was divorced ___ I was legally separated

Name of partner: _____

Year of marriage _____ of dissolution _____

City: _____ State _____

CHILDREN List name, (maiden name), and birthdates):

PARENTS

Father: _____

Date of birth _____ Date of death _____

Burial Site _____

Mother: _____

Date of birth _____ Date of death _____

Burial site: _____

MILITARY SERVICE (Complete if applicable)

Branch of service: _____

Discharge date: _____ Type _____

Highest Rank/Grade _____

Military Serial Number _____

Military discharge and pension papers are located: _____

If disabled veteran: Claim number _____

Service connected disabilities and %:

Describe where or how injuries occurred.

FINANCIAL MATTERS

PRESENT EMPLOYMENT

My present employer is: _____

Address _____

Phone: _____ FAX _____

Date started: _____ Supervisor: _____

Social Security card is located: _____

PAST EMPLOYMENT

I am eligible for the following pension, profit-sharing, or benefit plans: (Include necessary information).

I am ___ was ___ never was ___ Member of a union

Union name and how to contact:

SELF-EMPLOYMENT

If you own or owned a business of your own, fill in the blanks below:

Name of business _____

Address: _____

Contact persons/Phones

CHECKING AND SAVINGS ACCOUNTS

Name(s) on checking account:

Bank: _____

Person who knows account number:

Name(s) on savings account:

Bank: _____

Person who knows account number:

Name(s) of anyone else who has power to sign checks

ATM card or passbook location:

Person who knows password/ID

REAL ESTATE (if more than one, attach information)

I do ___ do not ___ own real estate Co-owner (if applicable):

Address (if not the same as your residence)

My mortgage is held by:

Taxes are paid on this property until: _____

The deed, tax, and mortgage documents are located:

STOCKS and BONDS and ANNUITIES

I do ___ do not ___ own stocks and/or bonds

An updated list of all my stocks and bonds and their numbers and beneficiaries can be found here:

Certificates are located here: _____

I do ___ do not ___ have a brokerage account.

If so, my broker can be contacted here:

Name: _____

Firm: _____

Phone: (____) _____

I have these securities pledged for loans:

Information on these can be found here:

CAR(S) make, model, year:

Location of pink slip(s)

JOINT OWNERSHIP

I do ___ do not ___ own any property jointly If so, partner information can be found here:

LIFE INSURANCE

I do ___ do not ___ have life insurance on:

Complete itemized list and policies can be found:

My principal insurance broker is:

Name (Company)

Phone (____) _____

I do ___ do not ___ have annuities

Location of annuity contracts: _____

MEDICAL and LONG TERM INSURANCE

I am covered ___ not covered ___ by Medicare

Part A ___ Part B ___ Part D ___ Medi-Medi ___

I am in this HMO/Plan _____

Plan contact phone: _____

My primary physician: _____

Phone (____) _____

Additional medical, long-term care, supplemental or corporate insurance policy issuers:

Location of insurance policies: _____

My designated caregiver: _____

Can be reached at: _____

TRUST FUNDS

I have created a trust fund to care for: _____

Lawyer who drew up trust:

Trust agreement is located:

PERSONAL PROPERTY

All of my personal property, including real estate, furnishing, vehicles, and heirlooms are itemized and assigned in my will. Yes ___ No ___

MISCELLANEOUS ASSETS

I have ___ have not ___ these additional assets:
___ Fraternal and benevolent memberships
___ Royalty rights or patents
___ Debts due me
___ Others _____

You can find documents pertaining to these here:

CREDIT CARDS

I possess the following credit cards:

TAX RECORDS and RETURNS

Copies of this year's and previous years' tax returns are and supporting documents are located here:

BURIAL (You need to complete if not in your will) I wish ___ do not wish ___ to be buried.
I do ___ do not ___ own a burial plot.
Cemetery name _____
Location of deed: _____
There is ___ is not ___ provision for perpetual care

I prefer to be buried here: (No contract signed)

I wish for cremation or other disposition of my body. Specify: _____

RELIGIOUS AFFILIATION

Church or temple: _____
Address _____

Clergy member: _____
Phone: (_____) _____

MY WILL or LIVING TRUST

My will (or trust) is the document that assures that, when I die, my property is distributed as I wish – otherwise the state will do so according to state laws. Please be sure my last will (and any revisions) are honored.

Original executed copy of my will (and any codicil (revision) or Living Trust is located:

The attorney who drew it up is:
Name: _____

City: _____

Phone: (_____) _____

Name of Executor: _____

Where to reach executor:

Witness to Will:

1. _____

Reachable at: _____

I have a **Durable Power of Attorney** (Financial) ___Yes ___No
If so, it is located here:

Attorney who drew this document up:

Phone: (_____) _____

I have an **Advance Health Care Directive** (States your health support options or appoints person to speak for you) ___Yes ___No If so, copies are located here:

People (and phone numbers) to contact if I should become seriously ill:

Personal notes:

The Information and Assistance line, **1-800-510-2020**, can give you information for older adults and persons with disabilities on transportation, in-home care, housing, food, caregiving, abuse, day care, health, health insurance, legal assistance and more.

People I don't wish to be contacted:

Things that I wish to do or have done for me:

