



# Aging Self Reflection Checklist



You can use or share this questionnaire to self-reflect on how aging may be impacting your lifestyle, health, and finances. This can help you evaluate when and whether it's time for change, and facilitate open conversations with loved ones.

## Lifestyle and Daily Activities

### 1. Mobility and Home Safety

- Are you comfortable going up and down the stairs?
- Do you feel safe moving around your home without assistance?
- Have you experienced any recent falls or near-falls?

### 2. Driving and Transportation

- How are you feeling about driving at night?
- Do you feel confident driving in heavy traffic or unfamiliar areas?
- Have you had any recent close calls or accidents while driving?

### 3. Household Tasks and Maintenance

- Are you able to keep up with household chores and maintenance?
- Do you find it challenging to carry groceries or perform other physically demanding tasks?

## Health and Wellness

### 4. Physical Health

- Are you feeling like yourself after any recent procedures/surgery?
- Have you noticed any changes in your strength, balance, or coordination?
- Are you managing your chronic conditions effectively?

### 5. Mental and Cognitive Health

- Have you noticed any changes in your memory or ability to concentrate?
- Do you feel overwhelmed by tasks that were once easy for you?
- Are you able to follow conversations and stay engaged in social activities?



## **6. Hearing and Vision**

Have you noticed any changes in your hearing, such as difficulty understanding conversations or needing to increase the volume on the TV?

Are you experiencing any vision problems, such as difficulty reading small print or seeing clearly in low light?

Have you had your hearing and vision checked recently?

## **7. Emotional Well-being**

Are you experiencing feelings of loneliness or isolation?

Do you feel anxious or depressed about aging or health issues?

Are you maintaining a positive outlook on life?

## **Financial Health**

### **8. Financial Management**

How are you managing your finances these days?

Have you experienced any difficulty paying bills on time or balancing your checkbook?

Have you noticed any changes in your spending habits or financial decision-making?

### **9. Estate Planning**

When (in what year) did you create your estate planning documents?

Have you reviewed and updated your estate planning documents recently?

Have you discussed your wishes with your executor trustee, POAs, and loved ones?

### **10. Financial Indicators**

Have you monitored your credit score for any unusual changes?

Are you aware of the financial indicators that could signal cognitive decline?

## **Planning for the Future**

### **11. Acknowledging the Realities of Aging**

Have I acknowledged that there is a high probability that in the long term I will have health issues and financial situations to face?

Have my loved ones recognized the same?

Have I thought about how I would want my successors or loved ones to step in when I am unable to manage my affairs?

### **12. Communicating with Loved Ones**

Have I had conversations with my executor trustee, POAs, and loved ones about when I am unable to act?

Have I discussed scenarios such as a fall, broken hip, or the need for someone to handle my health and finances?

### **13. Recognizing When It's Time for Change**

Am I prepared to make lifestyle changes if necessary, such as downsizing or seeking additional support?

Do I have a plan in place for how my loved ones can assist me as I age?



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