



SENIOR DRIVING CHECKLIST

	Yes	No
My loved one (or myself) has trouble moving their foot from gas pedal to brake pedal, or has mistaken the gas pedal for the brake.		
My loved one (or myself) finds it difficult to look over their shoulder, to turn their head when backing up, or to look side to side when switching lanes or pulling out.		
Unexpected situations often result in delayed reactions from my loved one (or myself), making good decisions quickly is challenging.		
I have observed times when my loved one (or myself) appears to have been unable to hear what is going on outside the vehicle.		
Driving appears to make my loved one (or myself) nervous or anxious and I have seen a decrease in confidence while driving.		
There has been an increase in distraction or irritation when driving.		
My loved one (or myself) has missed stop signs, traffic lights, or been confused at roundabouts.		
My loved one (or myself) has gotten lost or confused, even in familiar places.		
I have seen my loved one (or myself) often drive significantly slower than the posted speed limit, or have seen other drivers honking or aggravated by the speed at which the vehicle is traveling.		
I have seen my loved one (or myself) travel too fast or too slow for the road conditions.		
I have observed unexplained scrapes or dents on my loved one's (or my own) vehicle, garage or mailbox.		
My loved one (or myself) has been issued numerous traffic tickets or warnings in the past year.		
My loved one (or myself) has difficulty seeing activity on the road, pedestrians or the glare from oncoming vehicles has affected their ability to see.		
There has been an increase in hitting curbs, hitting things when backing up, "close calls", "near misses" or fender benders.		



SENIOR DRIVING CHECKLIST CONTINUED

	Yes	No
I have observed my loved one (or myself) increase or greatly decrease speed without reason.		
My loved one (or myself) has had difficulty making turns and/or taking highway exit or entrance ramps, or judging the space between vehicles.		
I have observed my loved one (or myself) drift into other lanes, straddle lanes, or have seen them appear frightened by passing cars.		
My loved one (or myself) becomes extremely tired from driving.		
Doctors have prescribed medications which may affect the ability to drive.		
A family member, friend, doctor or other have commented that they are concerned about my loved one's (or my own) driving.		
Your loved one's (or your own) license was not checked when they turned 70.		

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The information on this checklist is for evaluation purposes only and is not meant for diagnosis. If after going over this checklist you have concerns, speak with your doctor.



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