

FREQUENCY OF ALZHEIMER'S & DEMENTIA SYMPTOMS FAMILY CHECKLIST

ORIENTATION	Daily	Weekly	Monthly	Never
Forgets name of close family and friends				
Forgets address or hometown				
Forgets date/time of year/time of day				
Asks repetitive questions				

COMMUNICATION	Daily	Weekly	Monthly	Never
Has trouble using words to express needs				
Becomes frustrated when speaking				
Repeats key words/phrases/gestures				
Talks to/looks at people that aren't there				
Has difficulty with written or verbal comprehension				

BATHING & GROOMING	Daily	Weekly	Monthly	Never
Refuses to change clothes				
Resists bathing (showering)				
Refuses to shave/brush teeth or hair				
Exhibits fear/anxiety regarding water or undressing				
Becomes combative during bathing or grooming				

NUTRITION & HYDRATION	Daily	Weekly	Monthly	Never
Eats less than 1500 calories per day				
Eats more than 2500 calories per day				
Eats only a few types of food				
Eats 50% or less of meals				
Takes in less than 8 glasses of water/liquid per day				
Rapid weight loss (5 or more #'s/month)				
Rapid weight gain (5 or more #'s/month)				

BEHAVIOR	Daily	Weekly	Monthly	Never
Refuses or resists medications				
Accuses others of theft or malice				
Yells, curses or engages in name calling				
Strikes out/throws things/hits people or things				
Fearful of new people or situations				
Disrobes inappropriately				
Exhibits sexual aggressiveness				

JUDGEMENT	Daily	Weekly	Monthly	Never
Mismanages money or bills				
Dresses inappropriately for weather				
Unable to recognize potential danger signs				
Inability to comprehend consequences				

ENGAGEMENT	Daily	Weekly	Monthly	Never
Appears anxious or fearful				
Appears sad or withdrawn				
Has difficulty making eye contact/conversation				
Demonstrates an overall lack of interest in daily life and activities				
Has difficulty self-initiating hobbies/pastimes				

TOILETING	Daily	Weekly	Monthly	Never
Accidents/incontinent of urine				
Accidents/incontinent of bowel				
Attempts to "go" in places other than the toilet				
Is unaware of need to use bathroom				
Is unaware when wet, soiled, or foul-smelling				

PHYSICAL	Daily	Weekly	Monthly	Never
Has difficulty walking				
Walks with a "shuffling" gait				
Has difficulty transitioning from sitting to standing/standing to sitting				
Appears to have pain				
Changes in facial expressions/drooping				
Changes in sleeping habits				
Falls (with or without injury)				
Increasing in bruising/unexplained injuries				

WANDERING & SAFETY	Daily	Weekly	Monthly	Never
Is unsafe around the stove or hot surfaces				
Is unsafe around water or faucets				
Attempts to eat things that are not food				
Gets lost/loses caregiver on outings				
Attempts to leave home				
Is currently or still asks to drive				
Exhibits sexual aggressiveness				

Completed by: _____ Date: _____

Potential resident: _____

Relationship to potential patient: _____ Contact phone: _____