

CHECKLIST FOR ALZHEIMER'S DISEASE & OTHER RELATED DEMENTIAS

Concerned that a loved one may be living with Alzheimer's or another form of dementia? Use this checklist to note 10 important categories. A member of our highly trained memory care team can schedule a time to discuss your concerns, help you better understand if further care is needed, and offer advice on how to talk with your loved ones about the implications of memory loss. Call us today at **512-610-9440** for more information.

ORIENTATION

	<i>daily</i>	<i>weekly</i>	<i>never</i>
Forgets names of close family and friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forgets address or hometown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forgets date/time of year/time of day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asks repetitive questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMUNICATION

Has trouble using words to express needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repeats key words/phrases/gestures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talks to/looks at people who aren't there	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has difficulty with written or verbal comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BATHING AND GROOMING

Refuses to change clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resists bathing or showering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits fear/anxiety regarding water or undressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Becomes combative during bathing and grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NUTRITION AND HYDRATION

Eats only a few types of food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eats 50% or less of meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has less than 8 glasses of water/liquid per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits rapid weight loss or gain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BEHAVIOR

Refuses or resists medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuses others of theft or malice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yells, curses or engages in name-calling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strikes out/throws things/hits people or things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disrobes inappropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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JUDGMENT

	<i>daily</i>	<i>weekly</i>	<i>never</i>
Mismanages money or bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dresses inappropriately for weather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is unable to recognize potential danger signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is unable to comprehend consequences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ENGAGEMENT

Appears anxious or fearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appears sad or withdrawn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has difficulty making eye contact/conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates a lack of interest in daily life and activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOILETING

Has accidents/Is incontinent of urine or bowel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attempts to "go" in places other than the toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is unaware of need to use bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is unaware when wet, soiled or foul-smelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PHYSICAL

Has difficulty walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has difficulty transitioning between sitting and standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appears to have pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits changes in facial expressions/drooping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has changes in sleeping habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experiences falls/increased bruising/unexplained injuries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WANDERING AND SAFETY

Is unsafe around the stove or hot surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is unsafe around water or faucets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attempts to eat things that aren't food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets lost/loses caregiver on outings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attempts to leave home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Independent Living | Assisted Living | Memory Care | Skilled Nursing & Rehabilitation

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