

MEMORY LOSS FAMILY SELF ASSESSMENT

Check if problems occur at least 2-3 times per week.

ORIENTATION

- Trouble remembering recent events (i.e. items in newspaper or on t.v.)
- Trouble remembering significant events from the past
- Forgetting what day it is
- Being unaware of time of day
- Wandering or getting lost

RECOGNITION

- Unable to recognize familiar people
- Unable to recognize familiar surrounding (i.e. house, neighborhood)

TASKS

- Starting but not finishing things
- Difficulty concentrating on a task
- Unable to follow verbal directions

AMBULATION

- Sitting down inappropriately or without warning while walking
- Problem with falling or loss of balance
- Unusual gait pattern (i.e. shuffling, fast pace, leaning)
- Bumping into objects without seeing them (walls, glass, doors, furnishings)

ANXIETY/FEAR

- Asking the same question over and over again
- Being suspicious or accusative
- Being restless
- Being constantly talkative
- Seeing or hearing things that are not there (hallucinations, or illusions)

PERSONAL

- Doing things that are embarrassing to you
- Difficulty with bathing and personal hygiene

DEPRESSION

- Spending long periods of time inactive
- Talking little or not at all
- Appearing sad or depressed
- Appearing anxious or worried
- Dwelling on the past
- Crying and being tearful
- Commenting about death of self or others (i.e. "life isn't worth living." "I'd rather be dead.")

DIETARY

- Eating sweets excessively
- Attempting to eat non-edible items
- Decreased appetite*
- Excessive appetite*
- Refusing to eat*

*can also be sign of depression

AGGRESSIVENESS

- Engaging in combative episodes (i.e. hitting, scratching or biting)
- Destroying property or personal belongings
- Engaging in behavior that is dangerous to others or self
- Explain: _____

MISCELLANEOUS PROBLEMS

- Losing or misplacing items
- Hiding things (money, jewelery etc.)
- Other Concerns
- Explain: _____

YOUR NEXT STEPS

Bring this checklist on your next appointment with your family physician to guide your discussions.

Contact the Alzheimer's Association for more information at: **1-800-272-3900** or at **www.alz.org**

Checking 5 or more boxes indicates your loved one may benefit from our **Memory Care Program**.

A better day for both you and your loved one can be just around the corner. **Call us TODAY to learn more.**

CREEKSIDE

ALZHEIMER'S SPECIAL CARE CENTER

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