

Alzheimer's and Dementia Person-Centered Symptoms Tracker

Each person's experience with Alzheimer's or Dementia is unique to them. Symptoms may change frequently and progress differently with each person and can be affected by many factors. This tool was designed to help the family caregiver track the type and frequency of the symptoms your loved one is exhibiting to support better communication and planning with your medical team and other healthcare providers as you collaborate in identifying the best possible treatment and interventions based upon your specific situation.

Patient Name: _____ **Date of Birth:** ____/____/____

Orientation	Daily	Weekly	Monthly	Never	Judgment	Daily	Weekly	Monthly	Never
Forgets name of close family and friends					Mismanages money or bills				
Forgets address or hometown					Dresses inappropriately for weather or outings				
Forgets date/time of year/time of day					Unable to recognize potential danger				
Asks repetitive questions					Inability to comprehend consequences				
Communication	Daily	Weekly	Monthly	Never	Engagement	Daily	Weekly	Monthly	Never
Has trouble using words to express needs					Appears anxious or fearful				
Becomes frustrated when speaking					Appears sad or withdrawn				
Repeats key words/phrases/gestures					Has difficulty making eye contact or conversation				
Talks to/looks at people that aren't there					Demonstrates an overall lack of interest in daily life and activities				
Has difficulty with written or verbal comprehension					Has difficulty self-initiating hobbies or pleasant pastimes				
Bathing and Grooming	Daily	Weekly	Monthly	Never	Toileting	Daily	Weekly	Monthly	Never
Refuses to change clothes					Accidents/incontinent of urine				
Resists bathing (showering)					Accidents/incontinent of bowel				
Refuses to shave/brush teeth or hair					Attempts to "go" in places other than the toilet				
Exhibits fear/anxiety regarding water or undressing					Is unaware of need to use bathroom				
Becomes combative during bathing or grooming					In unaware when wet, soiled or has incontinent related odor				
Nutrition and Hydration	Daily	Weekly	Monthly	Never	Physical	Daily	Weekly	Monthly	Never
Eats less than 1500 calories per day					Has difficulty walking				
Eats more than 2500 calories per day					Walks with a "shuffling" gait				
Eats only a few types of food					Has difficulty transitioning from sitting to standing/standing to sitting				
Eats 50% or less of meals					Appears to have pain				
Takes in less than 8 glasses of water/liquid per day					Changes in facial expression/drooping				
Rapid weight loss (5 or more #'/month)					Changes in sleeping habits				
Rapid weight gain (5 or more #'/month)					Falls (with or without injury)				
					Increase in bruising/unexplained injuries				
Behavior	Daily	Weekly	Monthly	Never	Wandering and Safety	Daily	Weekly	Monthly	Never
Refuses or resists medications					Is unsafe around the stove or hot surfaces				
Accuses others of theft or malice					Is unsafe around water or faucets				
Yells, curses or engages in name calling					Attempts to eat things that are not food				
Strikes out/throws things/hits people or things					Has gotten lost away from home/loses caregiver on outings				
Fearful of new people or situations					Attempts to leave home				
Disrobes inappropriately					Is currently or still asks to drive a car				
Exhibits sexual aggressiveness									

Completed by: _____ Date Completed: ____/____/____

Caregivers Relationship to Patient: _____ Contact Phone: _____

Next Steps:

- Take this form to your physician/medical appointments to help guide discussions about possible treatment options and interventions
- Update this form every 30 days or upon significant change in condition. Keep copies in dated order for your own records