

Biography Based Care[®]

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
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 and 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 and 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				
Judgment	Daily	Weekly	Monthly	Never
Mismanages money or bills				
Dresses inappropriately for weather or outings				
Unable to recognize potential danger				
Inability to comprehend consequences				
Engagement	Daily	Weekly	Monthly	Never
Appears anxious or fearful				
Appears sad or withdrawn				
Has difficulty making eye contact or conversation				
Demonstrates an overall lack of interest in daily life and activities				
Has difficulty self-initiating hobbies or pleasant 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				
In unaware when wet, soiled or has incontinent related odor				
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 expression/drooping				
Changes in sleeping habits				
Falls (with or without injury)				
Increase in bruising/unexplained injuries				
Wandering and 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				
Has gotten lost away from home/loses caregiver on outings				

Attempts to leave home				
Is currently or still asks to drive a car				

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