

# All about me



This is a booklet about a person living with Alzheimer's disease or other dementia.

Name: \_\_\_\_\_

Alzheimer *Society*



Please put a photo of yourself  
in the space provided.

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## Introduction


This booklet is all about you, a person living with Alzheimer’s disease or other dementia.

Although you have a form of dementia, you are still the same person you have always been. This booklet is designed to focus on the positive: what you are good at rather than what is no longer possible.

You and your primary caregiver\* know what makes you feel comfortable better than anyone. By answering the questions in this booklet, you will have a record of what makes you content and at ease that can be used when your primary caregiver cannot be with you and others need to provide care and support. Anyone can use this booklet to give you the best day possible now and as the disease progresses.


The first section of this booklet is designed to help someone new to supporting you get to know you better. It will also suggest conversation topics that may make you feel more at ease and contribute to more enjoyable times together.

Other sections of this booklet allow you and your caregiver to outline your usual habits: your daily routines, your likes and dislikes and what makes you enjoy each day. This information will help new caregivers maintain the routines that give you a sense of security, comfort and pleasure.



When completing this booklet, always keep in mind the main purpose: to give as clear a picture as possible of you to help others provide care when the person who usually supports you is unavailable.

To help others provide effective care, keep this book in an easy-to-find location. You and your caregivers can review it from time to time to note changes and plan for the future. There are replacement pages at the back that you can use to make any updates or changes.



\*The term “caregiver” is used throughout this booklet to mean anyone who supports you.

Date: \_\_\_\_\_



## Contact information

This booklet contains information about: \_\_\_\_\_

Some of the information is provided by: \_\_\_\_\_

Names, phone numbers, email addresses of significant people in my life (family, friends, neighbours):


Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Name: \_\_\_\_\_



Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_



Email address: \_\_\_\_\_

Date: \_\_\_\_\_

**Other important numbers**

Family doctor (name, phone number, address): \_\_\_\_\_

Ambulance: \_\_\_\_\_

Police: \_\_\_\_\_

Fire: \_\_\_\_\_

Poison Control: \_\_\_\_\_

Local Alzheimer Society: \_\_\_\_\_

Home-care services: \_\_\_\_\_

Spiritual or faith leader: \_\_\_\_\_

Other: \_\_\_\_\_

**Medical information**

Other than having dementia, are there other medical issues that the caregiver should know about? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please provide any important information on:

Allergies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Hearing: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Vision: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Medications (attach list, if necessary) – include dosage and frequency

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_



This section is like a photograph. Try to use as much detail as you can to give readers a real sense of your personality.

## My personal life

How do you like to be addressed? (e.g. nickname, Mr., Mrs., Miss, first name) \_\_\_\_\_

\_\_\_\_\_

When were you born? \_\_\_\_\_

Where? \_\_\_\_\_

Single/married/partner/longstanding relationship(s) with \_\_\_\_\_

Name: \_\_\_\_\_

We've been together since \_\_\_\_\_ (year)

Where have you lived? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Describe this relationship (e.g. loving, difficult, supportive)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Children (names and where they are now living)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are they involved in your life now? If so, how?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any pets? If so, what are their names?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_





## In the past

What kind of jobs did you have? (e.g. homemaker, lawyer, nurse, electrician, teacher)

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How do you feel about the job(s) you have done? (e.g. proud, satisfied, indifferent)

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If you were asked about the major milestones in your life, what would you likely talk about? (e.g. major life events, favourite places visited)

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## Likes and dislikes

What makes you physically more comfortable? (e.g. always have glasses on, have a hearing aid in, daily lotion to prevent dry skin, toe spacers)

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What makes you happy? (e.g. conversation topics, activities, sports, music performances, being around children/animals)

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What do you dislike? (e.g. foods, activities, topics of conversation, music, smells)

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What comforts you when you're upset?

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What frightens you?

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Date: \_\_\_\_\_







## A typical day

Routine is important for all of us, but can be especially helpful for a person with dementia.

Writing down your daily routine will help you see how you spend your time and help others who might be providing care.

Try to look at your care through the eyes of someone who has never met you before. Do you like to sleep in, have a bath in the evening, or go for a daily walk?

Use this section to describe regular daytime activities. Include activities you are involved in as well as your caregiver. Include anything that provides pleasure, comfort, or something you particularly don't like.

Morning (usual wake up time \_\_\_\_\_). How do you start your day?

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Afternoon



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Evening

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Night (usual bedtime \_\_\_\_\_)

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Date: \_\_\_\_\_



## Enjoying each day

A person living with dementia is just like everyone else, a whole person with likes and dislikes, opinions, values, and experience. Though some skills are lost as the disease progresses, many remain. Here are some activities that may bring you pleasure and will help you continue to live a full life while adding enjoyment to time spent with others.

### Music

Do you like to listen to music?  Yes  No

If yes, what kind? (e.g. classical, jazz, folk, blues, or all kinds of music)

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What effect does it have on you?

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Do you play an instrument?  Yes  No

If yes, what kind of instrument do you play? (e.g. guitar, violin, clarinet)

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Do you enjoy singing?  Yes  No

What effect does it have on you?

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### Reading

Do you like to read?  Yes  No

If yes, what do you like to read? (e.g. classics, science fiction, romance, adventure, fantasy, news, short stories)

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Do you like to be read to?  Yes  No

Date: \_\_\_\_\_

**Television**

Do you like watching TV?  Yes  No

If yes, what are your favourite shows?

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**Games**

Do you like to play games?  Yes  No

If yes, what kind of games do you like? (e.g. cards, crosswords, puzzles, Sudoku)

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**Sports**

Are you interested in sports?  Yes  No

If yes, what sports do you like to play or follow? (e.g. golf, hockey, tennis, skating)

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**Hobbies**

Do you have hobbies that you enjoy?  Yes  No

If yes, what kind of hobbies? (e.g. scrapbooking, crafts, photography)

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Do you do household chores? (e.g. meal preparation, dusting, sweeping)  Yes  No

If yes, is there any household chore you particularly enjoy?

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What other activities do you enjoy? (e.g. car rides, attending community programs, sitting by the window)

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Date: \_\_\_\_\_

## Help with daily living

How much help, if any, do you need with routine daily activities such as dressing, bathing or getting in and out of bed?

The chart on the next page lists typical routine daily activities. Feel free to change the chart to include activities that apply to you.

Where you are able to be completely independent, write "no help needed." When you need help, note how much help you need.

The "Useful tips" section is a good place for caregivers to note the degree of stress the activity creates and what special approaches might be helpful.

Here is a sample chart to guide you.

Activity	Useful tips	Is help needed?
Tub/shower Usual time: 8:00 a.m.  Twice a week	<ul style="list-style-type: none"> <li>• Prefer shower, don't like bath</li> <li>• Enjoy music or conversation during bath time</li> <li>• Give lots of time</li> <li>• Respect privacy</li> <li>• Be patient</li> </ul>	<ul style="list-style-type: none"> <li>• Need help in and out</li> </ul>
Dressing	<ul style="list-style-type: none"> <li>• Can button shirt, put on underwear and socks</li> <li>• Need to take dirty clothes away immediately</li> <li>• Can dress independently if clothes put on bed in right order</li> <li>• Offer help tying shoe laces</li> </ul>	<ul style="list-style-type: none"> <li>• May need help from time to time</li> </ul>

Activity	Useful tips	Is help needed?
Tub/shower		
Dressing		
Dental care/dentures		
Eye care/glasses		
Hearing aid		
Hair care <ul style="list-style-type: none"> <li>Professional style/cut</li> </ul>		
Makeup/shave		
In/out of chair		
In/out of bed		

Date: \_\_\_\_\_

Activity	Useful tips	Is help needed?
On stairs		
Use of toilet		
Use of appliances <ul style="list-style-type: none"> <li>e.g. kettle, stove, electric shaver</li> </ul>		
Household tasks <ul style="list-style-type: none"> <li>e.g. sweeping, dusting, vacuuming, meal preparation, garden work</li> </ul>		
Financial Responsibility with money		
Walking <ul style="list-style-type: none"> <li>Habits, usual routes, ability to be independent</li> </ul>		
Preparing for bed		

Date: \_\_\_\_\_

**Meal time**

An enjoyable breakfast:

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Lunch:

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Dinner:

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Snacks:

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Any particular likes or dislikes?

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What assistance, if any, is required?

Cutting:

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Use of cutlery:

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Hot and cold liquids:

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To learn more about how to make meal times more enjoyable, read the Alzheimer Society's [Information sheet](#) on the topic.

Date: \_\_\_\_\_





## Regular weekly activities calendar

Use this calendar to show regular outings or appointments. You can use pencil so changes can be made every month, or a make a copy for each month.

Month:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday



Date: \_\_\_\_\_



Note: The questions in this section are designed to be answered by your primary caregiver. Your input will be valuable to give the best information possible.

Alzheimer’s disease and other dementias progress over time. As the disease progresses, your abilities will change.

The information in this section will help anyone supporting you know what these changes are and how they affect your mood, behaviour and abilities. Your caregiver can suggest ways that help you feel content, engaged, and secure. For example – Is there a special approach that helps? Does your behaviour change only at certain times? Are there warning signs?

Below are examples of common situations.

The term “family member” is used to mean anyone with dementia whom you support. “He” and “she” are alternated.

**Unsafe walking (e.g. “wandering”)**

Does your family member walk outside in ways that are unsafe? (e.g. will go out in winter wearing only a dressing gown)  Yes  No

If yes, what safety precautions do you use? (e.g. camouflaged doors, ID bracelet, regular walks with a neighbour)

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Does she become upset when returned home?  Yes  No

If yes, is there a special approach to use to help her feel calm?

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Is he registered with the Alzheimer Society’s Safely Home® program?  Yes  No

If yes, what is the number of your local police station if he becomes lost? \_\_\_\_\_.

What is his Safely Home® ID bracelet #? \_\_\_\_\_.

**Night time restlessness**

Does this occur?  Yes  No

If “yes,” what safety precautions do you use? (e.g., nightlight, disconnecting stove or turning off water valves before retiring at night, locking closet door to prevent dressing at odd hours)

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Date: \_\_\_\_\_



What helps to re-settle her?

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**Restlessness**

Does this occur at certain times of the day?

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What helps to settle him? (e.g. a walk or a distracting activity)

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**Anger or agitation**

Does this occur at certain times? (e.g., bathing, meal time)

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What usually triggers this? (e.g., rushing her, too many instructions given at once)

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When anger occurs, what responses tend to be helpful?

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Does your family member suspect people of stealing from him? How do you deal with this?

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**Repetition**

When he repeats himself over and over, what responses are helpful?

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Date: \_\_\_\_\_



**Hiding or hoarding articles**

Are there particular places to check where your family member “stores” specific things?

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Does anything need to be kept out of reach? (e.g. knives, tools such as electronic drills)

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**Safety precautions**

List any additional information that is important for other caregivers. (e.g. doors or cupboards to be kept locked, such as where toxic cleaning fluids are stored)

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Are any other safety measures being used? (e.g. alarms, GPS locating devices)

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**Communication**

If your family member has difficulty understanding and following instructions, what do you do? Is there anything that helps?

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To learn more about Communication, please read the Alzheimer Society’s [Information sheet](#) on the topic.

Are there any other areas of concern and/or tips for care that comfort, reassure, support the person? \_\_\_\_\_

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Date: \_\_\_\_\_

Alzheimer's disease follows a number of stages. While these stages can be somewhat predictable, the course of the disease will vary from person to person. Changes in physical condition, such as flu, pneumonia, infection, or constipation can often result in changes in mood and behaviour. By noting changes, the person who supports you may be able to determine a pattern and prevent a situation from getting worse. It is particularly important to keep a record when medications are used. Recording these items in a journal will help caregivers when they are talking with your doctor. Caregivers should take this "All about me" booklet to your appointments.

Anyone providing care can use these pages to record all the events in a particular day.

Here is a sample journal.

Date	Comments
Mar. 30/12	To bed 8:30 p.m. -- up again 2:00 a.m. Wandered through house, could not settle down. Did not recognize me.
Mar. 31/12	Another night with no sleep!
Apr. 1/12	Still won't sleep. Now dozing all day. Doctor's appointment April 4/12.
Apr. 5/12	On new medication for an infection. Slept till 6:00 a.m. I'm trying to keep her awake during the day. I think things are getting better.

Photocopy this page to create your own journal.

Date	Comments

Date: \_\_\_\_\_

This page outlines things that have changed since I first filled out this booklet.

Date	Changes



## Alzheimer *Society*

**Alzheimer Society of Canada**

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