

Family Report AD8

This form should be filled out by someone OTHER than the patient, who is aware of the patient's ability to perform in the areas listed below.

Patient Name _____ Date: _____

Person filling out form _____ Relationship _____

Check "YES a change" if there has been a change in the last several years in items listed below <u>caused by thinking or memory problems.</u>	YES A change	No	Don't Know
1. Problems with judgment such as problems making decisions, bad financial decisions, and problems with thinking?			
2. Less interest in hobbies/activities?			
3. Repeats the same things over and over such as questions, stories, or statements?			
4. Trouble learning how to use a tool, appliance, or gadget such as the DVD player, computer, microwave, or remote control?			
5. Forgets correct month or year?			
6. Trouble handling complicated financial affairs such as balancing a checkbook, income taxes, and paying bills?			
7. Trouble remembering appointments?			
8. Daily problems with thinking and/or memory?			

Does the patient currently drive? Yes No
 Do you have concerns about their driving? Yes No

The next section deals with Activities of Daily living. For this question an assistive device could be a cane, walker etc. Supervision would be "stand by" assistance, instructions, reminding or encouragement.

Does the person need help with bathing, including getting into the bathtub and cleaning themselves adequately and safely?

Unable some help supervision assistive device no help

Does the person need assistance dressing his/herself, including pick out clothing, changing clothes, fastening buttons etc.?

unable some help supervision assistive device no help

Does the person need help eating their meals, including cutting food, opening containers, getting food to their mouth?

unable some help supervision assistive device no help

Does the person need help using the bathroom, including removing undergarments, cleaning themselves adequately and pulling up clothing? (this also includes self-care of adult diapers)

unable some help supervision assistive device no help

Does the person need help getting out of a bed or chair?

unable some help supervision assistive device no help

Does the person need help with walking?

unable some help supervision assistive device no help