

Use this tool to record observed changes in cognition or function. Look for patterns—a change occurring more than once. It is always more reliable to record problems from observation and not from an individual’s verbal report.

Name of Individual/Loved One:

Date Completed:

**> Section 1: IADLs (Instrumental Activities of Daily Living) Check all observed.**

**Money Management**

- Bills not paid on time
- Checks are not written out correctly
- Checkbook is not balanced

**Medication Management**

- Medications are not taken on time
- Medications are not taken in the prescribed dose
- Your loved one does not know when and how to renew medications

**Driving**

- Your loved one gets lost while driving, even if driving to a familiar place
- Keys are left in the car
- Unexplained dents in car
- Poor decisions are made when driving that create an unsafe driving situations

**Housekeeping**

- There is a decline in organization – greater clutter or disorganization
- There is a decline in cleanliness of the home

**Laundry**

- Laundry is not done routinely
- Clothes are not washed and/or dried correctly (e.g., whites/colors, correct detergent/amount)
- Clothes are not put away in the correct spot

**Meal Preparation/Cooking**

- Items/food are left on/in the stove/oven/microwave – burning foods or creating hazard
- Items are left open on the counter
- The stove or oven is left on
- Spoiled foods in the refrigerator/not thrown away
- Settings are not used correctly causing unsafe situations, such as a fire in the microwave

**Shopping and Ordering from a Menu**

- Unable to plan and identify items that are needed
- If used a list in the past, your loved one has trouble making/reading/using one appropriately
- Difficulty locating items in the store
- Difficulty paying for items
- Items are not put away in timely manner and/or in the correct places in the house
- Difficulty ordering from a menu

**Notes and/or Estimated Dates of Onset for those observed in Section 1:**

\*Once completed, if you feel that your loved one may be showing signs of dementia, please share this tool with their doctor.

> **Section 2: ADLs (Activities of Daily Living)** Check all that apply.

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**Dressing**

- Clothes are not changed daily
- Clothing is noticeable dirty or soiled
- Clothing does not match for color, season and/or event

**Bathing**

- Bathing/showering is irregular and not per a usual pattern to maintain cleanliness
- Noticeable body odor or unaddressed dirt (e.g. dirt remains under fingernails)
- Supplies in the bathroom are not used as normal
- Supplies are not replaced as needed

**Toileting**

- Accidents are occurring (urinary or fecal) with noticeable stains on furniture, bed linens or clothing and/or noticeable odor
- Not changing underwear or pads regularly

**Eating**

- Decline in eating habits with weight loss (not planned) or decline in healthy eating habits
- Inadequate amount and/or lack of nutritional food items in the refrigerators or cabinets

**Grooming**

- Looks disheveled
- Teeth/dentures not cleaned properly
- Not using make-up and/or deodorant as in the past
- Hair is not neat or styled as in the past

> **Section 3: ADLs (Activities of Daily Living)** Check all that apply.

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**General Indicators of Cognitive Decline or Changes in Personality or Behavior:**

- |   |  |
|---|--|
| <input type="checkbox"/> Repeating questions  | <input type="checkbox"/> Delusional (e.g. thinking a theme, event or topic is true that is not true)   |
| <input type="checkbox"/> Decline in short-term memory (e.g. don't remember they ate breakfast or took a pill)         | <input type="checkbox"/> Hallucinations (e.g. thinking he/she saw or heard something that is not there)  |
| <input type="checkbox"/> Difficulty learning something new  | <input type="checkbox"/> Sad or depressed  |
| <input type="checkbox"/> Difficulty problem solving, even if simple   | <input type="checkbox"/> Anxious   |
| <input type="checkbox"/> Forgetting appointments, thread of a story, or names   | <input type="checkbox"/> Agitated or aggressive  |
| <input type="checkbox"/> Easily flustered or overwhelmed such as by a change in routine or participating in an event  | <input type="checkbox"/> General personality changes such as egocentric, less patient or empathetic, less initiation in activities or conversation, withdrawal, difficulty keeping up with conversations |
| <input type="checkbox"/> Egocentric, less patient or empathetic   |  |
| <input type="checkbox"/> Paranoia/suspicious behavior (e.g. unfounded thoughts of someone stealing or poisoning them) |  |

Notes and/or Estimated Dates of Onset for those observed in Section 2 and/or 3:

\*Once completed, if you feel that your loved one may be showing signs of dementia, please share this tool with their doctor.