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.

The Alzheimer Society is the leading nationwide health charity for people living with Alzheimer's disease and other dementias. Active in communities across Canada, the Society:

- Offers information, support and education programs for people with dementia, their families and caregivers
- Funds research to find a cure and improve the care of people with dementia
- Promotes public education and awareness of Alzheimer's disease and other dementias to ensure people know where to turn for help
- Influences policy and decision-making to address the needs of people with dementia and their caregivers.

For more information, contact your local Alzheimer Society or visit our website at alzheimer.ca.

Table of contents

All about me 2

Introduction 2

Contact information 3

Other important numbers 4

Medical information 4

Getting to know me 5

My personal life 5

In the past 6

Likes and dislikes 6

My routines 8

A typical day 8

Enjoying each day 9

Help with daily living 11

Help with daily living chart 12

Meal time 14

Regular weekly activities calendar 15

Special considerations 16

Journal 19

Replacement pages 21

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.

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)

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

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)

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)

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

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

What comforts you when you're upset?

What frightens you?

Date: _____

Life story (Please describe any other details of your life that would help create a full picture of you as a "whole person." What would you want others to know about you?)

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?

_____

_____

_____

_____

_____

Afternoon _____

_____

_____

_____

_____

Evening _____

_____

_____

_____

_____

_____

Night (usual bedtime _____)

_____

_____

_____

_____

_____

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) _____

_____

_____

What effect does it have on you? _____

_____

_____

_____

_____

Do you play an instrument? ☐ Yes ☐ No

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

_____

_____

Do you enjoy singing? ☐ Yes ☐ No

What effect does it have on you? _____

_____

_____

_____

_____

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) _____

_____

_____

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? _____

_____

_____

_____

Games

Do you like to play games? ☐ Yes ☐ No

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

_____

_____

_____

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)

_____

_____

Hobbies

Do you have hobbies that you enjoy? ☐ Yes ☐ No

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

_____

_____

_____

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

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

_____

_____

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

_____

_____

_____

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	• Prefer shower, don't like bath • Enjoy music or conversation during bath time • Give lots of time • Respect privacy • Be patient	• Need help in and out
Dressing	• Can button shirt, put on underwear and socks • Need to take dirty clothes away immediately • Can dress independently if clothes put on bed in right order • Offer help tying shoe laces	• May need help from time to time

Activity	Useful tips	Is help needed?
Tub/shower		
Dressing		
Dental care/dentures		
Eye care/glasses		
Hearing aid		
Hair care • Professional style/cut		
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 • e.g. kettle, stove, electric shaver		
Household tasks • e.g. sweeping, dusting, vacuuming, meal preparation, garden work		
Financial • Responsibility with money		
Walking • Habits, usual routes, ability to be independent		
Preparing for bed		

Date: _____

Meal time

An enjoyable breakfast: _____

_____

_____

Lunch: _____

_____

_____

_____

Dinner: _____

_____

_____

_____

Snacks: _____

_____

_____

Any particular likes or dislikes? _____

_____

_____

What assistance, if any, is required?

Cutting: _____

_____

_____

Use of cutlery: _____

_____

_____

Hot and cold liquids: _____

_____

_____

To learn more about how to make meal times more enjoyable, read the Alzheimer Society's information sheet on the topic, available at alzheimer.ca/mealtimes.

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.

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) _____

_____

_____

Do they become upset when returned home? ☐ Yes ☐ No

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

_____

_____

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)

_____

_____

_____

What helps to re-settle the person? _____

_____

_____

Date: _____

Restlessness

Does this occur at certain times of the day? _____

_____

_____

What helps to settle the person? (e.g. a walk or a distracting activity) _____

_____

_____

_____

Anger or agitation

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

_____

_____

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

_____

_____

When anger occurs, what responses tend to be helpful? _____

_____

_____

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

_____

_____

Repetition

When they repeat themselves over and over, what responses are helpful? _____

_____

_____

_____

_____

Hiding or hoarding articles

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

_____

_____

_____

Date: _____

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

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)

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

Communication

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

To learn more about Communication, please read the Alzheimer Society's information sheet on the topic, available at alzheimer.ca/communication.

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

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

Journal

Date: _____

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

Date	Changes

Date: _____

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

Date	Changes

Date: _____

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

Date	Changes

Date: _____

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

Date	Changes

Date: _____



Alzheimer Society

Alzheimer Society of Canada
20 Eglinton Avenue West, 16th Floor, Toronto, Ontario M4R 1K8
National Office: 1-800-616-8816
alzheimer.ca
@AlzheimerCanada @AlzCanada @AlzheimerCanada

Charitable registration number: 11878 4925 RR0001

Created: 2012. Last reviewed: 2022. © Alzheimer Society of Canada, 2012. All rights reserved.