

# My checklist for possible dementia symptoms



Name of person with symptoms:

Person's age:

Date:

The person named above has symptoms/noticed changes that are causing concern. I am:

the person

other (give name and relationship to the person)

I am worried that these symptoms could be signs of dementia and would like to discuss the impact of those ticked below with my GP (or health professional).



## Memory and mental ability problems

Tick if affected by

Tick if impacting daily life

How long it's been happening

Memory loss – difficulty learning new information or forgetting recent events or people's names

Struggling to find the right word

Difficulty judging distances or mistaking reflections or patterns for other objects

Struggling to make decisions, or making careless or risky decisions

Losing track of time and dates

Asking the same question over again, or repeating phrases

Putting objects in unusual places



## Problems with daily living activities

Struggling with tasks like paying bills, planning ahead, shopping

Difficulty getting enough sleep

Getting lost in familiar places



## Mood and behaviour problems

Tick if affected by

Tick if impacting daily life

How long it's been happening

Becoming easily upset, irritable, or aggressive

Symptoms of depression, like feeling sad or hopeless

Symptoms of anxiety, like feeling very worried or uneasy

Withdrawal or losing interest in things I previously enjoyed

Acting inappropriately or out of character

Feeling restless and walking about



## Notes on other symptoms or concerns



## Hearing problems

Date of last hearing test:



## Sight problems

Date of last sight test: