# 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			



Struggling with tasks like paying bills, planning<br/>ahead, shoppingImage: Comparison of the second se

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

## Date of last hearing test:

**Hearing problems** 



### Date of last sight test:

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