

Personal Facts and Insights

Each of us has a unique personal history. The Personal Facts and Insights form helps you to capture what is most important to share with others in your life.

Name: _____

Preferred name: _____

Primary Language: _____

Family/Friends

Marital status: Single Married Divorced Widowed Partner

Spouse's name: _____

Children: (Specify name, age, name of spouse if married, city of residence and if deceased)

Grandchildren: (Specify name, age, name of spouse if married, city of residence and if deceased)

Brothers and Sisters: (Specify name, age, name of spouse if married, city of residence and if deceased)

Significant others and Friends: (Specify name, age, name of spouse if married, city of residence and if deceased)

Of all the family and friends, who visits most often? How often?

Level of Cognition

Do you or does the person you are caring for have problems with any of the following?
Please check the answer:

1. Repeating or asking the same thing over and over?

Not at all Sometimes Frequently Does not apply

2. Remembering appointments, family occasions, holidays?

Not at all Sometimes Frequently Does not apply

3. Writing checks, paying bills, balancing the checkbook?

Not at all Sometimes Frequently Does not apply

4. Shopping independently (e.g. for clothing or groceries)?

Not at all Sometimes Frequently Does not apply

5. Taking medications according to the instructions?

Not at all Sometimes Frequently Does not apply

6. Getting lost while walking or driving in familiar places?

Not at all Sometimes Frequently Does not apply

This tool was developed for the Chronic Care Networks for Alzheimer's Disease (CCN/AD) project and is the joint property of the Alzheimer's Association and the National Chronic Care Consortium.

Communication

Prefers:

Being alone Spending time with one or two friends/family Being with a lot of people

What communication styles work best? (short sentences, simple words, touch, gestures) Hard of hearing? Needs extra time to respond?

Personality and Temperament

Describe personality and temperament (quiet, moody, anxious, outgoing)

What, if anything, is irritating or upsetting?

What, if anything, is frightening?

What is calming?

What is valued or appreciated?

Daily Routine

Describe a typical day:

Any established routines, such as having coffee and newspaper in the morning?

Daily Routine (cont.)

List favorite activities or hobbies:

Likes:

Dislikes:

Religion and Spirituality

Religious or spiritual background or beliefs:

Name of synagogue, church, mosque (if currently a member) include address and phone:

Who, if anyone, should be contacted for religious or spiritual support?

Daily Needs

Bathing

How is the bath taken? Shower Bath Sponge bath Other

How often? Daily Weekly Other

At what time of day? Morning Afternoon Evening

Are there any devices used? Shower chair Hand rails Shower hose Other

Describe the steps involved in bathing (soaps, shampoos used, other supplies, who does the washing, room temp, room set up):

Grooming

Which of the following are used or worn?

Electric shaver Razor Eyeglasses Hearing aid Dentures Make up Wig

Describe the steps for grooming: (shaving, brushing teeth, applying make up, right or left handed, require assistance? How much?)

Toileting

What words or phrases are used for going to the bathroom?

What is the natural schedule for using the bathroom? (time of day, frequency)

Is there control of bowel? Bladder?

Are disposable briefs used? Undergarments? Pads?

Describe the steps in using the bathroom: (reminding, unfastening and fastening clothes, finding bathroom, locating toilet bowl, wiping, amount of help needed)

Dressing and Undressing

Describe the steps for getting dressed and undressed: (order of clothing, laying out clothes, favorite clothing, sleep wear, what is done without help, etc)

Eating

What is used for eating? Fork Spoon Knife Hands

Comments:

Are there special dietary needs? (include information such as low fat, low cholesterol, low sodium, diabetic, pureed foods, supplements)

Food allergies:

Favorite foods/snacks:

Strong dislikes:

Is there difficulty swallowing certain foods or liquids? (List and describe)

Describe the steps involved in eating: (special words used to eat, mealtime schedule, possible distractions, where meals are served, table set-up, amount of help needed, etc)

Walking/Mobility

What walking aids are used? Walker Cane Wheelchair None

Describe the type of assistance/supervision needed for walking: (assistance from another person, how far without tiring, difficulty with stairs or changes in flooring, steadiness, etc)

Sleeping Habits

Wake up time_____ Bedtime_____ Naps_____

Any difficulty sleeping? What helps? Bedtime routine?

Sleep Partner?

Sexuality

Sexual orientation:

Describe current sexual practice (include if sexually active, type and frequency of sexual activity, sexual partner, assistive devices)

Personal History

Date of Birth _____ Place of Birth _____

Describe childhood including birthplace, parents and grandparents, brothers and sisters, early education, family pets, best friends, favorite activities.

Describe adolescence including your high school, favorite classes, friends and interests, hobbies, sports, your first job.

Describe adult life such as college and work, family life, clubs or community involvement, first home, military service, hobbies, life achievements, accomplishments, travel.

Describe any significant life event – good or bad:

Completed by: _____ Date completed: _____