



Dementia Specific Assessment Information and Family Guide

Use the following *fill in the blank* assessment tool to tell us about **your relative**. Let us know **“Things I like....” Such as**

- Past games and hobbies
- Things that are beautiful
- Familiar projects done with the hands (motor movements, musical instruments)
- Music favorites and habits
- Lifelong habits (sports, transportation, clothing styles, forms of exercise, dance)
- Daily routines (coffee, reading, food, home maintenance)
- Creativity
- Life stories “favorites”
- Sensory favorites (smells, colors, tastes, textures, sounds)

All About _____ (name)

My friends call me _____. I lived in _____

for _____ years. Prior to that, I lived in _____ and _____.

I call _____ home.

My favorite thing about home is _____.

I have/had _____ (sisters and brothers, husband)

I have _____ children and grandchildren.

I am a _____ (farmer, artist, fisherman, golfer).

When I was younger, I loved to _____

Some of my favorite “special things” are _____

The family that visits me the most are _____, _____, _____,

And friends that come to visit are _____, _____, _____.

I am very good at _____ and I am very proud of

_____ (kids/grandkids, legacies)

My favorite place to travel is _____. I like to read _____, and listen to _____.

One of my favorite outdoor pastimes is _____.

Things I like to eat, and drink include _____ (black coffee, sweets, beverage, meal, snack)

I like to get up at _____ and _____. My favorite outfits and accessories include _____.

3 Things I would like others to know about me are: