

Target Symptoms Checklist

	Baseline Problem	Follow-up # 1	Follow-up # 2
1. Memory / Orientation / Communication: Forgetfulness <ul style="list-style-type: none"> • Names / events /instructions / Activities 	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Repetition <ul style="list-style-type: none"> • Questions/Stories/Requests 	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Orientation <ul style="list-style-type: none"> • Time / Place 	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Word Finding Difficulties	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Interactiveness: Attention <ul style="list-style-type: none"> • Able to keep attention Focused (eg. TV) 	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Alertness <ul style="list-style-type: none"> • Being “present / tuned in” 	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Social Connectedness <ul style="list-style-type: none"> • Interested in people Participation in discussions 	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Initiative <ul style="list-style-type: none"> • Taking part / starting up activities 	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Overall <ul style="list-style-type: none"> • More like his/her “old self” 	<input type="checkbox"/> Yes <input type="checkbox"/> No		

<p>3. ALD / Function</p> <p>Personal / Basic</p> <ul style="list-style-type: none"> • Bathing (initiating, using taps / shower) <input type="checkbox"/> Yes <input type="checkbox"/> No • Hygiene / Grooming <input type="checkbox"/> Yes <input type="checkbox"/> No • Dressing (choosing what to wear / changing) <input type="checkbox"/> Yes <input type="checkbox"/> No 			
<p>Household Tasks</p> <ul style="list-style-type: none"> • Using the telephone <input type="checkbox"/> Yes <input type="checkbox"/> No • Preparing snacks / meals <input type="checkbox"/> Yes <input type="checkbox"/> No • Handling the mail <input type="checkbox"/> Yes <input type="checkbox"/> No • Shopping <input type="checkbox"/> Yes <input type="checkbox"/> No • Handling money / finances <input type="checkbox"/> Yes <input type="checkbox"/> No • Using appliances <input type="checkbox"/> Yes <input type="checkbox"/> No 			
<p>Hobbies / Leisure</p> <ul style="list-style-type: none"> • Eg, playing cards / sewing, knitting <input type="checkbox"/> Yes <input type="checkbox"/> No 			
<p>4. Behavior</p> <ul style="list-style-type: none"> • Apathy, lack of interest, withdrawal <input type="checkbox"/> Yes <input type="checkbox"/> No • Anxiety, nervousness <input type="checkbox"/> Yes <input type="checkbox"/> No • Irritability , Anger <input type="checkbox"/> Yes <input type="checkbox"/> No • Agitation, restlessness, emotional outbursts <input type="checkbox"/> Yes <input type="checkbox"/> No • Depression, sadness, emotional outbursts <input type="checkbox"/> Yes <input type="checkbox"/> No • Hallucinations, delusions, paranoia <input type="checkbox"/> Yes <input type="checkbox"/> No 			
<p>5. Caregiver Impressions</p> <ul style="list-style-type: none"> • Overall status • Level of caregiver burden/ need • Level of caregiver stress 			
<p>6. MMSE</p>	/30	/30	/30

(Dementia Tool Box, 2006)