

Checklist for dementia symptoms and changes

Listed below are some of the common changes that may be associated with dementia. There are many different types of dementia and symptoms can vary. This checklist is not intended to diagnose dementia or any other health condition. There may be other reasons for these changes.

If you have any concerns, use this checklist to help you to have a conversation with your GP, nurse or health professional as well as your family.

Changes in thinking and memory:

	Tick if worse than 2 years ago	Tick if affects daily life
Forgetting recent events	<input type="checkbox"/>	<input type="checkbox"/>
Having trouble learning new things	<input type="checkbox"/>	<input type="checkbox"/>
Struggling to find the right words or follow conversations	<input type="checkbox"/>	<input type="checkbox"/>
Struggling to find the right words or follow conversations in second language	<input type="checkbox"/>	<input type="checkbox"/>
Having a hard time making choices, or making careless or risky choices	<input type="checkbox"/>	<input type="checkbox"/>
Losing track of time and dates	<input type="checkbox"/>	<input type="checkbox"/>
Asking the same question a lot, or saying the same things over and over	<input type="checkbox"/>	<input type="checkbox"/>
Putting things in unusual places	<input type="checkbox"/>	<input type="checkbox"/>

Changes in daily activities:

Finding it hard to do day-to-day jobs like cooking, paying bills, planning, shopping	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty remembering or following religious practices or attending religious activities	<input type="checkbox"/>	<input type="checkbox"/>
Changed sleep patterns such as disturbed sleep or sleeping more during the day	<input type="checkbox"/>	<input type="checkbox"/>
Getting lost in familiar places	<input type="checkbox"/>	<input type="checkbox"/>
Harder to walk and move, for example, shuffling, feeling stiff or being slow	<input type="checkbox"/>	<input type="checkbox"/>

Changes in mood and behaviour:

Feeling unusually sad or hopeless	<input type="checkbox"/>	<input type="checkbox"/>
Feeling unusually worried, nervous or uneasy	<input type="checkbox"/>	<input type="checkbox"/>
Not being interested in previously enjoyable hobbies or social events	<input type="checkbox"/>	<input type="checkbox"/>
Behaving inappropriately or differently to usual	<input type="checkbox"/>	<input type="checkbox"/>
Feeling restless and walking around a lot	<input type="checkbox"/>	<input type="checkbox"/>

Other concerns:

Can you hear well? Yes / No Do you use hearing aids? Yes / No
Can you see well? Yes / No Do you wear glasses? Yes / No

Write any other concerns here:

Date:



Visit www.facingdementiatogether.au
Call the National Dementia Helpline
1800 100 500

