



Getting to Know Me

*This part of
“My Guide for Living with Dementia”
contains all of the ‘Getting to Know Me’ pages.*

‘Getting to Know Me’ pages are pages that you can fill in to record important information about yourself. These pages are found throughout the Guide.

It is recommended that you fill in the **‘Getting to Know Me’** pages as you read through each section of “My Guide”. You have the option of leaving the pages in each section or bringing them together as a personal record. Share this information with your Partners in Care to help them understand more about you.

This section contains a Table of Contents listing each **‘Getting to Know Me’** page and where it can be found within each section of the Guide.

For your convenience, all the **‘Getting to Know Me’** pages are consolidated in this section so you can print or copy individual pages as you need them.

The complete “My Guide for Living with Dementia” is available at www.dementianetworksc.org/myguide or your local Alzheimer Society office.



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“Getting To Know Me” - Introductory (page 1 of 2)

The questions were designed to help you record important things about yourself that will help your Partners in Care understand you.



place your
photo here

Date: _____

My name is: _____

Preferred names: _____

I was born (*when / where*): _____

People who are close to me: _____

My pet(s) past / present: _____

My hearing is: _____ Hearing aids? Yes No

My eyesight is: _____ Glasses? Yes No

My health problems you should know about are: (*conditions/pain/allergies*)

I take these medications: _____

I need help with: _____

I have safety concerns about: (*use of stove, smoking, driving, taking medications*) _____

Things I like: (*foods, activities*) _____

Things I don't like: _____

Groups I belong(ed) to: _____

I am interested in: _____

In the past, I was interested in: _____

I worked as: _____

I lived in these places: _____

Important events in my life include: _____

If I need help or in case of an EMERGENCY, contact: _____

Name: _____ Phone number: _____



Getting to Know Me
MY PHYSICAL WELL-BEING

You can find the rest of “My Guide for Living with Dementia” at
www.dementianetworksc.org/myguide or at your local Alzheimer Society office.

'Getting To Know Me' - My Medications

Keep this medication list updated and take it with you to your doctors' appointments. Between visits, keep this list where your Partners can find it. To assist you with this chart, ask your pharmacist for a current list of your prescribed medications.

Add over-the-counter medications or other non-prescription treatments to this chart.



PHYSICAL CAPABILITIES



Date Started & Stopped					
When Taken					
Dosage & Frequency					
Reason for Use					
Medications & Treatments					

'Getting To Know Me' - My Health History (page 1 of 2)



Share information with your Partners in Care so that they get to know you better.

- From the following list of common conditions, check those that you now have or had in the past. Add them to the chart along with any other conditions.
- Include recurrent problems such as infections and conditions that were treated in the past.

- | | | |
|---|--|---|
| <input type="checkbox"/> Addictions | <input type="checkbox"/> Dizziness & Fainting | <input type="checkbox"/> Parkinson's |
| <input type="checkbox"/> Alzheimer's disease | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Fractures | <input type="checkbox"/> Poor circulation |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Head injury | <input type="checkbox"/> Spinal stenosis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart attack | <input type="checkbox"/> Stomach ulcers |
| <input type="checkbox"/> Back or joint problems | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> High cholesterol | <input type="checkbox"/> Thyroid disease |
| <input type="checkbox"/> Congestive heart failure | <input type="checkbox"/> Irregular heart beat | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Coronary artery disease | <input type="checkbox"/> Irritable bowel disease | <input type="checkbox"/> Urinary tract infections |
| <input type="checkbox"/> Dementia | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Other |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Liver Disease | _____ |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Osteoporosis | _____ |
| | | _____ |

Condition: <i>Diabetes</i>	I've had this since: <i>1975/turned 50</i>	I see this professional: <i>My family doctor</i>	I manage this condition by: <i>I watch my diet. No sweets. Always eat breakfast. My blood sugar is tested each month.</i>
Condition:	I've had this since:	I see this professional:	I manage this condition by:
Condition:	I've had this since:	I see this professional:	I manage this condition by:
Condition:	I've had this since:	I see this professional:	I manage this condition by:

'Getting To Know Me' - My Health History (page 2 of 2)

Share information with your Partners in Care so that they get to know you better.



PHYSICAL



P

Condition:	I've had this since:	I see this professional:	I manage this condition by:
Condition:	I've had this since:	I see this professional:	I manage this condition by:
Condition:	I've had this since:	I see this professional:	I manage this condition by:
Condition:	I've had this since:	I see this professional:	I manage this condition by:
Condition:	I've had this since:	I see this professional:	I manage this condition by:
Condition:	I've had this since:	I see this professional:	I manage this condition by:
Condition:	I've had this since:	I see this professional:	I manage this condition by:
Condition:	I've had this since:	I see this professional:	I manage this condition by:
Condition:	I've had this since:	I see this professional:	I manage this condition by:
Condition:	I've had this since:	I see this professional:	I manage this condition by:

'Getting To Know Me' - My Medical Appointments

Share information with your Partners in Care so that they get to know you better.



PHYSICAL



P

Date & Time	Name of Doctor / Specialist	Who attended with you?	The reason for your visit	Instructions / Next Visit Date	Results of Test (if any)
Oct. 24, 10am	Dr. Dixon, Optometrist EXAMPLE	Susan – friend EXAMPLE	Eye check-up EXAMPLE	New glasses EXAMPLE	Vision worsening

'Getting To Know Me' - Discomfort & Pain (page 1 of 2)

Share information with your Partners in Care so they can assist you.



PHYSICAL



P

Date: _____

The following are common causes of discomfort. Check any that apply to you and describe how you cope with that problem.

Headache _____

Earache _____

Mouth pain – gums, teeth, dentures _____

Chest pain _____

Hunger _____

Constipation, gas _____

Full bladder _____

Bruises, sprains _____

Joint pain _____

Callouses, toenails, tight shoes _____

Too cold or hot _____

Stiff, sore from sitting, lying _____

Other _____

'Getting To Know Me' - Nutrition

Share information with your Partners in Care so that they get to know you better.



PHYSICAL



P

Date: _____

I enjoy eating the following foods:

My 'comfort foods':

(foods that make you feel better when you are upset, sad...like chocolate or chips!)

I dislike the following foods:

'Getting To Know Me' – Bowel, Bladder, Physical Activity

Share information with your Partners in Care so that they get to know you better.



PHYSICAL



P

Date: _____

Bowel Habits

My bowels normally move:

daily every 2 days every 3 days other:

I have: constipation diarrhea/loose stool other:

I manage this by: _____

Bladder Habits

I have the following problems with urinating:

frequency urgency unable to empty bladder other:

I have changed my fluid intake: Yes No

Describe: _____

When I am away from home, I plan on being close to a bathroom. Yes No

Describe: _____

Physical Activity

I exercise: daily every 2nd day 2-3 times each week never

My favourite type(s) of exercise or physical activity: _____

I could become more physically active by: _____

'Getting To Know Me' - Vision, Hearing, Sleeping

Share information with your Partners in Care so that they get to know you better.



PHYSICAL



P

Date: _____

Vision

I have: macular degeneration cataracts glaucoma other

The last time I had my vision checked was: _____

I wear prescription glasses. Yes No

I keep my glasses: (*location*) _____

I am concerned about my vision because: _____

Hearing

The last time I had my hearing checked was: _____

I wear hearing aids. Yes No

I keep my hearing aids: (*location*) _____

The last time I had my hearing aid checked was: _____

I am concerned about my hearing because: _____

Sleeping

My normal sleep pattern: 'early to bed, early to rise'? 'a night owl'?

Describe: _____

On average, I sleep this much: _____

My bed time routine is: _____

I normally nap. Yes No

Describe: _____



Getting to Know Me

MY INTELLECTUAL WELL-BEING

You can find the rest of “My Guide for Living with Dementia” at www.dementianetworksc.org/myguide or at your local Alzheimer Society office.

'Getting To Know Me' - My Intellectual Strengths (page 1 of 3)

Share information with your Partners in Care so that they get to know you better.



INTELLECTUAL



I

Date: _____

The hobbies or work that you have done or enjoyed in the past may give you some ideas about your intellectual strengths. Here are some examples:

- someone who enjoys carpentry or knitting may be good at 'seeing' or visualizing the finished product.
- bookkeepers can do many math equations in their head. They may also be very organized and methodical.

Hobbies I enjoy or have enjoyed are: _____

I was good at these because: _____

Paid or volunteer work that I do or have done includes: _____

I was good at these because: _____

'Getting To Know Me' - My Intellectual Strengths (page 2 of 3)

Share information with your Partners in Care so that they get to know you better.



INTELLECTUAL



Date: _____

Here are some other statements to consider. Check the ones that best describe you.

My Communication Style.

I'm a talker I'm a listener

I like to: tell very descriptive stories get "to the point" quickly

Comments: _____

My Memory.

Before dementia, I would describe my memory as being:

very good good poor

Comments: _____

My Learning Style.

I prefer to: read instructions watch how something is done try it myself

Comments: _____

My Decision Making Style.

I make decisions: carefully quickly

Comments: _____

Other ways I would describe myself: _____

My friends and family describe me as being: *(humorous, reliable, stubborn)*

'Getting To Know Me' - My Intellectual Strengths (page 3 of 3)

Share information with your Partners in Care so that they get to know you better.



INTELLECTUAL



Date: _____

I have dementia. Yes No

If yes, what type? _____

This is what I understand about my dementia: _____

The symptoms I am concerned about include: _____

I am not sure whether or not I have a dementia. My symptoms or concerns are:

People I have spoken to about my concerns include:

family doctor friends and family the local Alzheimer Society office

Places I have searched for information:

the internet the library the local Alzheimer Society office

I still have questions about dementia. They are: _____

Talk to your Partners in Care, the local Alzheimer Society or check the Resource section of "My Guide for Living with Dementia."

'Getting To Know Me' - My Symptoms (page 1 of 5)

Review and update this page every few months.



INTELLECTUAL



I

Date: _____

Memory Loss

Description on Page 7

Memory changes I have noticed lately are: _____

Other people are telling me that my memory is: _____

The strategies that help me with my memory are: _____

Another memory strategy that I will try is: _____

'Getting To Know Me' - My Symptoms (page 2 of 5)

Review and update this page every few months.



INTELLECTUAL



Date: _____

Difficulty with Communication

Description on Page 8

What language(s) did you speak as a child? _____

Some words from my childhood language that I still use are: _____

Slang words or phrases that I use: *(For example, instead of toilet, some people say 'the loo' or 'little girl's room'. Instead of sweater, some people say 'jumper' or 'cardie').*

When I am talking to someone, I notice that: _____

When I am listening to someone, I notice that: _____

The strategies that help me to communicate are: _____

Another communication strategy that I will try is: _____

'Getting To Know Me' - My Symptoms (page 3 of 5)

Review and update this page every few months.



INTELLECTUAL



Date: _____

Difficulty Recognizing People or Objects

Description on Page 9

Lately, I have noticed: _____

The strategies that help me to recognize people or objects are: _____

Another strategy that I will try is: _____

Difficulty in Planning, Organizing or Completing Tasks

Description on Page 10

Lately, I have noticed changes in my ability to complete tasks. Yes No

Comments: _____

The strategies that help me with my day to day tasks are: _____

Another strategy that I will try is: _____

'Getting To Know Me' - My Symptoms (page 4 of 5)

Review and update this page every few months.



INTELLECTUAL



Date: _____

Loss of Insight

Description on Page 11

Lately, I have noticed people are offering more help or advice. Yes No

Comment: _____

When people offer to help me, I feel: _____

I will talk about how I'm feeling with: my family and friends

my doctor Alzheimer Society another Partner in Care

Loss of Initiation

Description on Page 12

Lately, I have noticed problems starting an activity. Yes No

Comment: _____

Other people have told me that: _____

I have a current list of my daily routine. Yes No

Another strategy that I will try to help me get started is: _____

'Getting To Know Me' - My Symptoms (page 5 of 5)

Review and update this page every few months.



INTELLECTUAL



Date: _____

Change in Perception

Description on Page 13

Lately, I have noticed that I see things differently. Yes No

Comment: _____

To help me to cope with this change in perception, I do the following:

(*lighting, television off*) _____

To help me to cope with this change in perception, I will try the following:



Getting to Know Me
MY EMOTIONAL WELL-BEING

You can find the rest of “My Guide for Living with Dementia” at
www.dementianetworksc.org/myguide or at your local Alzheimer Society office.

'Getting To Know Me' - How I am Coping

Review these questions every few months or whenever you are concerned about your situation.



EMOTIONAL



E

Date: _____

Coping with Dementia

Finish the following statements to help you to identify your coping strategies.

When I feel overwhelmed, I like to: _____

When I want to relax, I: _____

If I need to discuss something important, I talk to: _____

I feel _____ about having dementia.

Something I would like other people to know about my dementia is: _____

I have talked to the following people about my experience with dementia:

- family and friends
- family doctor/other professional
- Alzheimer Society

'Getting To Know Me' - Spirituality & Favourites

Review this page every few months for accuracy.



EMOTIONAL



E

Date: _____

Spirituality

My religious affiliation is: _____

Spiritual practices that are important to me include: _____

Favourites

My favourite prayer is: _____

My favourite hymn is: _____

Other favourites are: _____

Other activities that I find spiritually uplifting are: _____

'Getting to Know Me' – My Emotional Well-Being (page 1 of 2)

Review these questions every few months or whenever you are concerned about new symptoms.



EMOTIONAL



Date: _____

Simplifying my Life

An activity that is causing me too much stress is: _____

I want to be involved in this activity. I could make it less stressful by: _____

I no longer want to be involved in this activity and so I will: _____

Watching for Signs of Depression

I will review these symptoms of depression with a Partner, circle the ones that apply to me and report them to my doctor.

- I am sleeping all of the time. • I am unable to sleep.
- I have less interest in things that I normally enjoy.
- I have feelings of guilt or remorse.
- I feel as if I have no 'get up and go'. • I cannot be still.
- I am not able to focus. My memory problems seem worse.
- My appetite is affected, I might be losing weight.
- I move more slowly. • I am feeling very restless.
- I feel like life is not worth living. I want to harm myself, or someone else.

'Getting to Know Me' – My Emotional Well-Being (page 2 of 2)

Review these questions every few months or whenever you are concerned about new symptoms.



EMOTIONAL



E

Date: _____

Watching for Hallucinations or Delusions

Hallucinations: seeing, hearing or feeling things that others do not.

This is happening to me. Yes No

An example of my hallucination is: _____

I deal with this by: _____

Delusions: believing things that others do not.

This is happening to me. Yes No

Although people tell me that it is not true, I believe that: _____



Getting to Know Me
MY CAPABILITIES

You can find the rest of “My Guide for Living with Dementia” at
www.dementianetworksc.org/myguide or at your local Alzheimer Society office.

'Getting To Know Me' - My Strengths (page 1 of 2)

Share information with your Partners in Care so that they get to know you better. Each Person has unique strengths and abilities. Identifying your strengths will influence your experience with dementia. Review your strengths every few months.



Date: _____

My Physical Strengths and Abilities:

Physically, I can: _____

My other physical strengths: _____

I could use my physical abilities more by: _____

My Intellectual Strengths and Abilities:

I'm pleased that I haven't lost the ability to: _____

My other intellectual strengths: _____

I could use my mind more by: _____

My Emotional Strengths and Abilities:

I'm managing stress by: _____

I am well connected to the following emotional supports: _____

My other emotional strengths: _____

I could manage stress and my dementia better by: _____

'Getting To Know Me' - My Strengths (page 2 of 2)

Share information with your Partners in Care so that they get to know you better. Each Person has unique strengths and abilities. Identifying your strengths will influence your experience with dementia. Review your strengths every few months.



Date: _____

My Environmental Strengths:

I like my environment because: _____

Other environmental strengths: _____

I could change my environment to make it even better by: _____

My Social Strengths:

I am well-connected socially to: _____

My other social strengths: _____

I could do more socially and would like to: _____

'Getting To Know Me' - My Medications

Keep this medication list updated and take it with you to your doctors' appointments. Between visits, keep this list where your Partners can find it. To assist you with this chart, ask your pharmacist for a current list of your prescribed medications.

Add over-the-counter medications or other non-prescription treatments to this chart.



PHYSICAL

CAPABILITIES



P



C

Date Started & Stopped					
When Taken					
Dosage & Frequency					
Reason for Use					
Medications & Treatments					

'Getting To Know Me' - Maintaining My Capabilities (page 1 of 4)

CAPABILITIES

Share information with your Partners in Care so that they get to know you better.

Review this page every few months.



Date: _____

Managing Money (Description on page 6)

Managing money is difficult for me. Yes No

The part of managing money that is difficult is: _____

I could do this differently by: _____

Using the Phone (Description on page 7)

I am having trouble using the phone because: _____

As an alternative, I could: _____

Storing, Preparing and Cooking Food (Description on page 8)

I am having trouble preparing food because: _____

I could do this differently by: _____

'Getting To Know Me' - Maintaining My Capabilities (page 2 of 4)

CAPABILITIES

Share information with your Partners in Care so that they get to know you better.

Review this page every few months.



Date: _____

Shopping (Description on page 9)

Shopping has become more difficult because: _____

As an alternative, I could: _____

Household Chores (Description on page 9)

I am having trouble with the following household chores: _____

To make chores easier, I could: _____

Driving and Getting Around Safely (Description on page 10)

Driving has become more difficult because: _____

My friends and family are concerned about my driving. Yes No

They say: _____

As an alternative to driving myself, I could: _____

'Getting To Know Me' - Maintaining My Capabilities (page 3 of 4)

CAPABILITIES

Share information with your Partners in Care so that they get to know you better.

Review this page every few months.



Date: _____

Managing Medications (Description on page 11)

Managing medications is difficult for me. Yes No

Comments: _____

The part of managing medications that is difficult is: _____

Making Decisions (Description on page 13)

I am concerned about the decisions I have been making. Yes No

A decision that I am having trouble with is: _____

I have concerns about other people making decisions for me because: _____

To discuss this further, I will contact: _____

'Getting To Know Me' - Maintaining My Capabilities (page 4 of 4)

CAPABILITIES

Share information with your Partners in Care so that they get to know you better.

Review this page every few months.



C

Date: _____

Other Activities

Other activities that I am having trouble with are: _____

Something that I could do differently is: _____

Maintaining Balance (Description on page 15)

At this point in time:

- I get stressed very easily
- I feel less stressed right now
- I haven't noticed any change in my stress level

To discuss this further, I will contact: _____

This is how I'm feeling: _____



Getting to Know Me
MY ENVIRONMENT

You can find the rest of “My Guide for Living with Dementia” at
www.dementianetworksc.org/myguide or at your local Alzheimer Society office.

'Getting to Know Me' – Noise, Lighting, Temperature

Review this page every few months for accuracy.



ENVIRONMENT



E

Date: _____

Noise

I prefer a quiet environment. Yes No

Comments: _____

I like it when there is lots of activity and noise. Yes No

Comments: _____

I like to have the television or radio on most of the time. Yes No

Comments: _____

Now that I have dementia, I notice: _____

Lighting

I think that I need better lighting. Yes No

Comments: _____

Now that I have dementia, I notice: _____

Temperature *(e.g., cool vs. warm)*

I prefer that my home is cool. Yes No

Comments: _____

I am always cold and want the heat on. Yes No

Now that I have dementia, I notice: _____

'Getting to Know Me' – My Environment

Review this page every few months for accuracy.



ENVIRONMENT



E

Date: _____

General

I like to keep busy with a lot of different activities. Yes No

Comments: _____

It's important for me to have my house tidy. Yes No

Comments: _____

I am sensitive to strong fragrances and perfumes. Yes No

Comments: _____

I like to spend time outside. Yes No

Comments: _____

Items that I like to have handy are: _____

'Getting to Know Me' – My Routines (page 1 of 2)

Review this page every few months for accuracy.



ENVIRONMENT

SOCIAL



E



S

Date: _____

I wake up at: _____

My breakfast routine is: *(time, foods, alone or with others)* _____

I prefer: tea coffee other I take it with: _____

I prefer: bath shower Time of day: _____

My lunchtime routine is: *(time, foods, alone or with others)* _____

I nap. Yes No When? _____ How long? _____

My evening meal routine is: *(time, foods, alone or with others)* _____

I go to bed at: _____

Before bed, I always: _____

How I sleep: *(pillows, socks, blankets)* _____

I sleep _____ hours per night.

I get up _____ times per night.

Comments: _____

'Getting to Know Me' – My Routines (page 2 of 2)

Review this page every few months for accuracy.



ENVIRONMENT

SOCIAL



Date: _____

I visit the: hairdresser barber How often? _____

Other services I use are: (*footcare, manicure*) _____

I never miss...

_____ on the television.

_____ on the radio.

_____ in my community.

Other things I never miss: _____

I never leave the house without: _____



Getting to Know Me
MY SOCIAL HISTORY

You can find the rest of “My Guide for Living with Dementia” at
www.dementianetworksc.org/myguide or at your local Alzheimer Society office.

'Getting to Know Me' – How I Grew Up (page 2 of 2)

Share information with your Partners in Care so that they get to know you better.



SOCIAL



Date: _____

Something else I would like to share about my family is: _____

Traditions and Special Occasions

The most meaningful family traditions or special occasions for me are: _____

I celebrate these occasions by: (*special foods, music, routines*) _____

My religious affiliation is: _____

Spiritual practices that are important to me include: _____

Favourites

My favourite prayer is: _____

My favourite hymn is: _____

Other favourites are: _____

Other activities that I find spiritually uplifting are: _____

'Getting to Know Me' – My Significant Relationships (page 1 of 2)

Share information with your Partners in Care so that they get to know you better.

SOCIAL



Date: _____

A special person that I have shared my life with is:

- a spouse a partner a companion a friend

That person's name is: _____

What I love about him/her: _____

Other special people in my life are: _____

They are special because: _____

Important friends in my life have been: _____

People I still keep in touch with are: _____

'Getting to Know Me' – My Significant Relationships (page 2 of 2)

Share information with your Partners in Care so that they get to know you better.

SOCIAL



S

Date: _____

I have children and their names are: _____

My favourite memories of my child or children are: *(special moments, personalities, sayings)*

My relationship with my children is: _____

I have grandchildren and their names are: _____

My favourite memories of my grandchild or grandchildren are:

(special moments, personalities, sayings) _____

I enjoy them because: _____

'Getting to Know Me' – My Pets

*Pets are an important part of some people's lives.
Share this information with your Partners in Care.*



SOCIAL



Date: _____

I like pets. Yes No

Comments: _____

I currently have a pet. Yes No

If yes, its name is _____ ; it is a _____ .

I have had the following pets:

_____ who was a _____
(dog, cat, bird, other)

_____ who was a _____
(dog, cat, bird, other)

_____ who was a _____
(dog, cat, bird, other)

A story about my favourite pet is: _____

'Getting to Know Me' – My Life's Work & Play! (page 1 of 2)

Review this page every few months for accuracy.



SOCIAL



S

Date: _____

I attended school up to age: _____ I enjoyed school. Yes No

Comments: _____

My public school: _____

My high school: _____

My college/university: _____

My most vivid memory from school is: _____

Important friends from my school years are: _____

My first job was: _____

My favourite memory about that job: _____

I also worked at these jobs: *(List key responsibilities; include managing your home and raising your children.)*

'Getting to Know Me' – My Life's Work & Play! (page 2 of 2)

Review this page every few months for accuracy.



SOCIAL



S

Date: _____

Hobbies and recreational activities that I have enjoyed: *(gardening, playing cards, dancing)*

Activities that I enjoy now: _____

I belong or belonged to the following social groups or associations:

I volunteer or have volunteered with the following organizations:

'Getting to Know Me' – Life's Ups & Downs! (page 1 of 2)

Share information with your Partners in Care so that they get to know you better.



SOCIAL



S

Date: _____

My Greatest Achievements and Happiest Times

Family events: *(such as weddings, births, trips or reunions)* _____

Work achievements: *(such as promotions, years of service or successfully managing difficult times)*

Personal events: *(such as falling in love, completing a program or caring for a parent)*

'Getting to Know Me' – Life's Ups & Downs! (page 2 of 2)

Share information with your Partners in Care so that they get to know you better.



SOCIAL



S

Date: _____

Many people experience traumatic, difficult events during their life and choose not to tell anyone. They may have witnessed violence in their home, had a child at a very young age or witnessed atrocities. You may never have told someone else about a difficult time in your life. However, it may be very important for your Partners in Care to be aware of that time. If you are uncomfortable writing this information down, consider discussing it with a close friend, relative or advisor.

My Most Difficult Times

Family problems: *(such as the loss of children, unresolved conflicts or abusive relationships)*

Work issues: *(such as injuries, difficult relationships or environment)* _____

Personal experiences: *(such as being the victim of a crime, witnessing war or conflict, or having a traumatic injury or life-threatening illness)*

'Getting to Know Me' – My Routines (page 1 of 2)

Review this page every few months for accuracy.



ENVIRONMENT

SOCIAL



E



S

Date: _____

I wake up at: _____

My breakfast routine is: *(time, foods, alone or with others)* _____

I prefer: tea coffee other I take it with: _____

I prefer: bath shower Time of day: _____

My lunchtime routine is: *(time, foods, alone or with others)* _____

I nap. Yes No When? _____ How long? _____

My evening meal routine is: *(time, foods, alone or with others)* _____

I go to bed at: _____

Before bed, I always: _____

How I sleep: *(pillows, socks, blankets)* _____

I sleep _____ hours per night.

I get up _____ times per night.

Comments: _____

'Getting to Know Me' – My Routines (page 2 of 2)

Review this page every few months for accuracy.



ENVIRONMENT

SOCIAL



Date: _____

I visit the: hairdresser barber How often? _____

Other services I use are: (*footcare, manicure*) _____

I never miss...

_____ on the television.

_____ on the radio.

_____ in my community.

Other things I never miss: _____

I never leave the house without: _____

'Getting to Know Me' – My Favourites

Share information with your Partners in Care so that they get to know you better.



SOCIAL



S

Date: _____

My Favourites

Food: _____

Drink: _____

Place to visit: _____

Piece of clothing: _____

Music: _____

Movie: _____

Person: _____

When I need to talk to someone:

I trust _____'s opinion.

I rely on _____ for _____

Other important people I feel comfortable talking to are: _____

'Getting to Know Me' – Other Thoughts

Share information with your Partners in Care so that they get to know you better.



SOCIAL



Date: _____

I enjoy: _____

I laugh at: _____

I am upset by: _____

I am embarrassed by: _____

I worry about: _____

I want to avoid: _____

I get angry at: _____

I really dislike: _____

'Getting to Know Me' – Intimacy & Sexuality (page 1 of 2)

Review this page every few months for accuracy.



SOCIAL



Date: _____

Most people want and need to feel close to others... emotionally and physically.

Intimate relationships fill that need and can include companionship, friendship or physical expressions of closeness such as sitting together, hugging or a sexual relationship.

Your willingness to be touched or hugged is one piece of information that Partners in Care should know about you.

Read the following questions and statements and consider what you would like your Partners in Care to know. You may feel self-conscious when answering the questions. If you decide not to write down your answers, consider discussing them with a close friend or family member.

I would describe myself as:

A person who likes to be touched and hugged. Yes No

If yes,

by family? Yes No

by friends? Yes No

by acquaintances? Yes No

Comments: _____

'Getting to Know Me' – Intimacy & Sexuality (page 2 of 2)

Review this page every few months for accuracy.



SOCIAL



Date: _____

As your dementia progresses, you may find that your need for intimacy is changing. You may feel that you would like more or less closeness or physical contact. These changes may surprise your close friends and family but it's important to share how you are feeling.

Lately, I feel that I would like more intimacy. Yes No

Describe: _____

How I feel about sexuality:

- This is a very private matter that should not be discussed. *(go to next page)*
- This is an important part of life but I'm past that now.
- This is an important part of life and I hope that it continues.
- This is a very important part of my life. I intend to remain active.

Comments: _____

There are some common sexual problems that older adults may experience. Women may have drier skin and vaginal tissue, making intercourse difficult. Men may need more time to achieve an erection or may be unable to do this at all. These and other concerns about sexual health can be discussed with a family doctor so that treatment can be considered.

My personal experience and concerns are: _____



'Getting to Know Me' – Check-in

Fill this page in every few months.

A Person with dementia may become more vulnerable to abuse (financial, psychological, physical or emotional). If you have concerns about your situation, call your local Alzheimer Society or confide in someone you know you can trust to initiate help.



Date: _____

I feel safe at home. Yes No

Describe: _____

I am happy with my living situation. Yes No

Describe: _____

I am worried about my finances. Yes No

Describe: _____

Some people make me feel bad about myself. Yes No

Describe: _____

I am getting all the help I need. Yes No

Something I am concerned about: _____

I feel good about: _____

This '**Getting to Know Me**' page may not have described all of your concerns. What else should people know about you and your situation?



Getting to Know Me

MY RESOURCES

This is a place for you to keep important documents, such as notes from specialists, reports, information about services and tips from your Partners in Care.

You can find the rest of “My Guide for Living with Dementia” at www.dementianetworksc.org/myguide or at your local Alzheimer Society office.

