



Checklist of Common Symptoms/Changes of Early Onset Alzheimer's Disease

Each person with early onset Alzheimer's disease will be impacted by the disease in their own unique way. This checklist is to be used as a guide to help track the type and frequency of the symptoms/changes your loved one is experiencing. The symptoms/changes in each category are listed from early stages to late stages in the disease process. Every person will not experience all of these symptoms/changes.

Accurate recording of symptoms/changes will help your loved one's medical and care teams determine the best possible treatment, programs, and services to meet the needs of your loved one throughout the course of the disease.

Steps to take:

1. Update this form every 60 days or as significant changes occur in your loved one's progression in the disease.
2. Date each form and keep in date order for your records.
3. Review this form with your physician and/or care team during each visit.

Date of Completion: _____

Communication	Daily	Weekly	Monthly	Never
Loses train of thought in a conversation				
Becomes frustrated when speaking				
Repeats words and phrases				
Difficulty or inability to translate thoughts into actions				
Has difficulty with written or verbal comprehension				
Has difficulty talking on and using a phone				
Has trouble using words to express needs				
Engages in repetitious speech and actions				
Shows frequent changes of emotions				
Has emotional outbursts more frequently				
Speech becomes muddled and difficult to understand				
Hearing may become extremely sensitive				
Talks to / looks at people who aren't there (hallucinations)				

Engagement	Daily	Weekly	Monthly	Never
Difficulty concentrating				
Difficulty remembering recent information or events				
Withdraws from social situations				
Appears anxious or fearful				
Has minimal attention span				
Appears sad or withdrawn more frequently				
Has difficulty making eye contact or conversation				
Demonstrates an overall lack of interest in daily life and activities				

Judgment	Daily	Weekly	Monthly	Never
Difficulty or unable to make decisions or choices				
Mismanages money or bills				
Inability to comprehend consequences				
Dresses inappropriately for weather or outings				
Unable to recognize potential danger				

Orientation	Daily	Weekly	Monthly	Never
Misplaces items				
Loses track of time				
Difficulty remembering date / time of day / time of year				
Difficulty remembering address or hometown				
Difficulty recalling names of close family members and friends				

Bathing & Grooming	Daily	Weekly	Monthly	Never
Resists bathing / showering				
Resists shaving / brushing hair / brushing teeth				
Exhibits fear / anxiety regarding water or undressing				
Refuses to change clothes				
Unable to dress without assistance				



Nutrition & Hydration	Daily	Weekly	Monthly	Never
Eating more food or less food than is usual				
Eats only a few types of food				
Eats 50% or less of meals				
Drinks less than 8 glasses of water / liquid per day				
Weight loss or weight gain (5 or more pounds in a month)				

Toileting	Daily	Weekly	Monthly	Never
Knows when they need to use bathroom, but has difficulty finding the toilet				
Accidents / incontinent of urine				
Accidents / incontinent of bowel				
Attempts to go to the bathroom in places other than the toilet (i.e. wastebasket, laundry hamper)				
Is unaware of need to use bathroom				

Physical	Daily	Weekly	Monthly	Never
Loss of fine motor skills (i.e. being able to button shirt)				
Picks at skin or cuticles				
Walks with "shuffling" steps				
Increase in bruising / unexplained injuries				
Displays a downward gaze				
Appears to be in pain				
Changes in sleep habits (unable to sleep through the night / sleeping more than is usual for them)				
Has difficulty moving from sitting to standing / standing to sitting				
Falls (with or without injury)				

Wandering & Safety	Daily	Weekly	Monthly	Never
Is unsafe around the stove or hot surfaces				
Is unsafe around water or faucets				
Gets lost while driving or frequent accidents				
Unable to be left alone at home				
Attempts to eat things that are not food				
Has gotten lost away from home / loses care partner on outings				