

# Family Questionnaire

In order to have a better understanding of your loved one and how to work best with him/her, we ask that you assist us in gathering information regarding their past. This will include information such as where they were born, where they grew up, early family life, siblings, hobbies and interests, current family life, past work history and personality characteristics that make them unique.

This information will help us to discover meaningful activities for each individual, track any unusual behaviors, and assist with our memory retention exercises.

Individual's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Source (s) of information: \_\_\_\_\_ Relation: \_\_\_\_\_

Current Living Conditions: \_\_\_\_\_

**All questions below pertain to the individual being evaluated:**

## *Personal History*

Full Name:

Nickname:

Maiden Name:

Religion:

Ethnicity:

Birth date:

Past Education:

Past Occupation:

1) What age do you think your loved one is living in their mind?

Do they look for their mom or dad?

Do they perceive them self as younger?

If yes, please describe:

- 2) Describe the "home" they remember from growing up (i.e. ranch, small town, farm, city. Include as many details as possible)
- 3) Describe the person's personality prior to retirement (outgoing, introvert, etc.).
- 4) What makes your loved one feel valued (talents, occupation, accomplishments, family, hobbies)?
- 5) What items are significant (familiar) to them (favorite chair, sewing box, jewelry, furniture pieces, tools, purse, wallet, keys, hat, family pictures, and heirlooms)? And what is the story behind each item?
- 6) What hobbies or interests did your loved one enjoy?
- 7) What type of music did they enjoy? Do they have a musical talent?
- 8) What types of TV programs did they enjoy?
- 9) Can they distinguish between a TV character and a real person?
- 10) Are there any activities that upset your loved one? If so, please list.
- 11) What calms your loved one down (poetry, favorite song, bible)?
- 12) Please list any objects that your loved one is "attached" to. (i.e. blanket, baby doll, special cup, bag or purse)

1) Please mark the description that best fits your loved one (more than one may be used):

Happy     Unhappy     Anxious     Fearful  
 Confused     Wandering     Tearful     Angry  
 Sleepy     Other \_\_\_\_\_

2) Please list all immediate family members (parents, siblings, children, and spouse) of your loved one and their relation. Please include the name of any other individual that may be of significance to your loved one:

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3) Is there any significant lifetime event that your loved one focuses on? If so, please explain.

4) Is there someone your loved one talks about or asks for? If so, who and describe them.

5) How did your loved one cope with challenges and/or difficult times: (daily activities, talking with family, smoking, drinking, walking, working, leisure activities etc):

6) What is their religious background? (religious affiliation, prayer time, spiritual symbols, traditions)

| <p style="text-align: center;"><b>Family Section</b></p> <p style="text-align: center;">Please give examples wherever possible</p> | <p style="text-align: center;">Always<br/>been<br/>the<br/>case</p> | <p style="text-align: center;">Always<br/>but<br/>worse<br/>now</p> | <p style="text-align: center;"><b>New<br/>symptom</b></p> | <p style="text-align: center;">Does<br/>Not<br/>Apply</p> |
|--|---|---|---|---|
| Asking the same question over and over again.  |   |   |   |   |
| Trouble remembering recent events (i.e. current events)  |   |   |   |   |
| Trouble remembering significant events from the past.  |   |   |   |   |
| Losing or misplacing things.   |   |   |   |   |
| Wandering or getting lost.   |   |   |   |   |
| Difficulty concentrating on a task.  |   |   |   |   |
| Hiding things. (i.e. money, jewelry)   |   |   |   |   |
| Being suspicious or accusing   |   |   |   |   |
| Destroying property  |   |   |   |   |
| Engaging in behavior that is potentially dangerous to self or others.  |   |   |   |   |
| Waking you up at night.  |   |   |   |   |

| <b>Family Section</b><br>Please give examples wherever possible | Always<br>been<br>the<br>case | Always<br>but<br>worse<br>now | <b>New<br/> symptom</b> | Does<br>Not<br>Apply |
|---|-------------------------------|-------------------------------|-------------------------|----------------------|
| Constantly restless   |                               |                               |                         |                      |
| Spending long periods of time inactive                          |                               |                               |                         |                      |
| Constantly talkative  |                               |                               |                         |                      |
| Talking little or not at all.                                   |                               |                               |                         |                      |
| Dwells on the past  |                               |                               |                         |                      |
| Seeing or hearing things that are not there                     |                               |                               |                         |                      |
| Eating excessively  |                               |                               |                         |                      |
| Not eating at all   |                               |                               |                         |                      |
| Wanders at night  |                               |                               |                         |                      |

**NOTES:**

