Examples of Memory Aids or Learning Supports

Suggested use:
- The aids are in no particular order
- Cut them out
- Laminate them
- Punch hole in corner
- Hook with ring

### ADLs

<table>
<thead>
<tr>
<th>Eating</th>
<th>Toileting/Incontinence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bathing</td>
<td>Mobility in Home/Community</td>
</tr>
<tr>
<td>Dressing</td>
<td>Positioning</td>
</tr>
<tr>
<td>Personal Hygiene/Grooming</td>
<td>Transfers</td>
</tr>
</tbody>
</table>

**Question Pattern:**
- Difficulty/Requires supports or services
- Cuing & supervision
- Hands-on assistance
- Daily basis/each time
- Current abilities

**Strengths**
- Hands-on assistance
- Preferences
- Support instructions

**Challenges**
- Training to develop skills

**Equipment:** Needs/has equipment/assistive device

### IADLs

<table>
<thead>
<tr>
<th>Medication Management</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meal Preparation</td>
<td>Shopping</td>
</tr>
<tr>
<td>Transportation</td>
<td>Finances</td>
</tr>
<tr>
<td>Housework</td>
<td></td>
</tr>
</tbody>
</table>

**Question Pattern:**
- Challenges
- Strengths
- Preferences
- Support instructions
- Training to develop skills

### Self Direction:

**Can:**
- Identify own needs
- Direct & evaluate caregiver task completion
- Provide /arrange for own health & safety
- Purchase, arrange & direct supports (self or designated other)

**Interested in more control**
- Assessor conclusion
- Person/rep agrees with conclusion
### Health Prevention: Test, Screenings, Exams or Vaccines:

<table>
<thead>
<tr>
<th>Test/Screening/Exam/Vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood glucose test</td>
</tr>
<tr>
<td>Dental</td>
</tr>
<tr>
<td>Prostate/PSA</td>
</tr>
<tr>
<td>Tetanus vaccine</td>
</tr>
<tr>
<td>Blood pressure</td>
</tr>
<tr>
<td>Hearing</td>
</tr>
<tr>
<td>Hepatitis A &amp; B</td>
</tr>
<tr>
<td>Pneumovax vaccine</td>
</tr>
<tr>
<td>Colonoscopy/Colorectal</td>
</tr>
<tr>
<td>Vision</td>
</tr>
<tr>
<td>Shingles vaccine</td>
</tr>
<tr>
<td>Influenza vaccine</td>
</tr>
</tbody>
</table>

### Health Risk Screen (recent 12 months):

<table>
<thead>
<tr>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seen by a doctor</td>
</tr>
<tr>
<td>Gone to ER</td>
</tr>
<tr>
<td>Stayed in NF</td>
</tr>
<tr>
<td>Experienced falls</td>
</tr>
<tr>
<td>Called 911 due to health</td>
</tr>
<tr>
<td>Crisis services</td>
</tr>
<tr>
<td>Overnight stay in hospital planned/not planned</td>
</tr>
</tbody>
</table>

### Symptoms/Conditions/Diagnoses

<table>
<thead>
<tr>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autoimmune/Infectious</td>
</tr>
<tr>
<td>Genitourinary</td>
</tr>
<tr>
<td>Neurological/Central Nervous System</td>
</tr>
<tr>
<td>Skin</td>
</tr>
<tr>
<td>Cancer</td>
</tr>
<tr>
<td>Heart/Circulation</td>
</tr>
<tr>
<td>Endocrine: Thyroid/Diabetes</td>
</tr>
<tr>
<td>Neurodevelopmental disorder</td>
</tr>
<tr>
<td>Physical coordination &amp; mobility</td>
</tr>
<tr>
<td>Respiratory</td>
</tr>
<tr>
<td>Reproductive</td>
</tr>
<tr>
<td>Eating Habits/Nutrition</td>
</tr>
<tr>
<td>Musculoskeletal</td>
</tr>
<tr>
<td>Mental Health</td>
</tr>
<tr>
<td>Gastrointestinal</td>
</tr>
</tbody>
</table>

### Question Pattern:

<table>
<thead>
<tr>
<th>Pattern</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-reported or on record</td>
</tr>
<tr>
<td>Seen by doctor for condition</td>
</tr>
<tr>
<td>When acquired</td>
</tr>
<tr>
<td>Received treatment</td>
</tr>
<tr>
<td>Affects daily functioning</td>
</tr>
</tbody>
</table>

### Treatments:

<table>
<thead>
<tr>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac</td>
</tr>
<tr>
<td>Wounds</td>
</tr>
<tr>
<td>Skin care</td>
</tr>
<tr>
<td>Vascular: blood draw, IV therapy</td>
</tr>
<tr>
<td>Neurological: seizures</td>
</tr>
<tr>
<td>Elimination: catheter, ostomy</td>
</tr>
<tr>
<td>Feeding/Nutrition: feeding tube, swallowing disorder</td>
</tr>
<tr>
<td>Respiratory: supports, bronchial drainage, suction, ventilator</td>
</tr>
<tr>
<td>Other: electro convulsive therapy, telemedicine, dialectical behavior therapy, etc.</td>
</tr>
</tbody>
</table>

### Therapies:

<table>
<thead>
<tr>
<th>Category</th>
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<tbody>
<tr>
<td>Alternative</td>
</tr>
<tr>
<td>Occupational</td>
</tr>
<tr>
<td>Respiratory</td>
</tr>
<tr>
<td>Range of motion</td>
</tr>
<tr>
<td>Speech/Language</td>
</tr>
<tr>
<td>Physical</td>
</tr>
<tr>
<td>Pain</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>
**Psychosocial**

- Injurious to self
- Physical aggression toward others
- Verbal/Gestural aggression toward others
- Socially unacceptable behavior
- Property destruction
- Injury to others

**Question Pattern:**

- Impacts functioning
- Frequency
- Prevents participation
- Intervention needed

- Wandering/Elopmement
- Susceptible to victimization
- Difficulty regulating emotions
- Withdrawal
- PICA
- Legal involvement

- Agitation
- Impulsivity
- Intrusiveness
- Anxiety
- Psychotic behaviors
- Manic behaviors

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**Housing / Environment:**

**Access to:**
- Bathroom
- Bedroom
- Kitchen

**PCA owned?**

**If needs new place, special considerations:**

- Accessible
- Transportation
- Location
- Service animal
- Pets
- Distance to family/friends

**Evictions?**

**Concerns with Safety, Accessibility, Sanitation**

- Structural damage
- Electrical hazards
- Smoke/CO2 detectors
- Hot/Cold water supply
- Heating/Cooling
- Unsanitary environment
- Flooring/Rugs
- Barriers to access
- Mold/Water damage
- Appliances
- Insects/Rodents/Pests
- Other
- Lighting
- Plumbing/Sewage
- Lead-based paint
- Pet waste indoor/outdoor
- Cluttered living space

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<table>
<thead>
<tr>
<th>Sensory &amp; Communication:</th>
<th>Hearing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision</td>
<td>Issue/Type</td>
</tr>
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<td>Hearing</td>
<td>Issue/Type</td>
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**Question Pattern:**
- Is it worsening?
  - Without assistive device: Can find way independently in unknown environment
  - With assistive device: Benefit level: adequate, minimally limited, moderately limited, severely limited, not determined
- Uses assistive device/type

**Functional Communication**
- Nature of difficulty: Cause of difficulty
- Expressive skills: Receptive skills
- Speech therapy: Worsening condition?
- Uses sign language/type: Uses visual language/type
- Uses facilitated communication: Uses augmented communication device/type

**Sensory Integration**
- Sensory integration disorder diagnosis
- hypersensitivity diagnosis

**Supports Needed / Health & Safety Related**
- Signaling devices
- Evacuation assistance
- Unique situation when interpreter is needed
Quality of Life:
Routines/Preferences
Typical day
• Enjoy doing
• Spend time doing
• Like where you live

Strengths/Accomplishments
Feel good about doing
Feel proud of

Traditions/Rituals
Impact of tradition/culture for service delivery
Attend religious services/practices as often as you want

Relationships
Your story/growing up
Enjoy spending time with who
Support from family/friends – name/relationship/caregiving

Future Plans
Anything more to share
What you would like for your future

Keep in Touch
Talk on phone
Invite over
Go to their home
Play games with
Go out with for fun
Confide in
Go out with for chores

Question pattern:
No – As I like – Want more –
Need some help - Need lots of help

Safety / Self-Preservation
Personal Safety
Feels safe in home/community
Knows how to get help in an emergency
People who help you:
• Treat you with respect
• Respect your privacy
• Do the things you want them to do
• Are available the hours they are supposed to be
Does anyone:
• Take your money?
• Say mean things to you?
• Touch you in ways that make you uncomfortable?
What would you do if someone yelled at you/mistreated you?

Self-Preservation
Has judgment & physical ability to cope: changing environment or potentially harmful situation
Requires 24 hour plan of care and back-up plan
Level of supervision needed for recreation/leisure
Risk of self neglect/type
Risk by another of exploitation, abuse, neglect
Employment/Volunteering/Training

Employment:
Employed: fulltime/part time and type
- Satisfactions with: hours inclusion earnings career path
- Interested in working with someone on opportunities?
- Provide explanation or description of selections
Unemployed: status history interested in exploring

Volunteer Activities:
Volunteering: type where satisfaction
Not volunteering: history interested in opportunity

Education / Training
Type Level(s) completed
Currently enrolled: where satisfaction
Not enrolled: areas of interest for learning

Barriers:
Caregiver obligations Physical health Resources
Level of education/training Housing stability Transportation
Retaining public benefits Job history/experience Mental health
Legal issues/status Other

Type of Support Needed:
Independent
On the job: minimal moderate intensive N/A unknown
Memory & Cognition:

Functional Memory & Cognition
Completed Rule 185 process/results
Cognitive deficit with behaviors, increased vulnerability creates need for assistance
  • Description
  • Frequency
Demonstrate problems with cognitive functioning

Non-Congenital Brain Injury Diagnosis
Acquired, traumatic, degenerative/genetic (symptoms 18+)
Modified Rancho Los Amigos Level of Cognitive Functioning

Cognitive Impairments
Attention   Awareness   Communication
Judgment    Learning  Memory
Perception  Planning Problem Solving
Task Completion

Question pattern:
  • Severity: mild  moderate  severe  very severe
  • Level of supports required: no supports  occasional  frequent  24 hour availability

Mental Status Evaluation (Katzman)
John Brown - 42 Market Street - Chicago
Year – Month – Time - Count backwards from 20 – Months backwards
Repeat phrase