

TIPS FOR COUNSELING CAREGIVERS and PATIENTS

Alzheimer's can be a devastating condition for both patients and their caregivers. Caregivers often need to seek guidance and support due to the impact of the initial diagnosis and the heavy burdens associated with care. They also spend a lot of time with the patient, and will be able to provide you with valuable information during an appointment.

Below are open-ended probing questions that help to identify changes in Alzheimer's symptoms. These questions can be used to ask patients and caregivers about the frequency, severity, duration, and triggers for each symptom.

Caregiver Reports	Healthcare Provider Probative Questions
Memory, Language, and Thought	
Memory of recent events	<ul style="list-style-type: none"> • What are you noticing in terms of memory loss? • Are they forgetting recently learned information (eg, important dates)? • Are they repeating themselves and/or frequently asking for the same information? • Are they losing items? • Have they gotten lost?
Confusion	<ul style="list-style-type: none"> • What type of confusion are you noticing? • Are they having difficulty with time, location, and/or situation? • Are they not recognizing people or places?
Judgment/reasoning	<ul style="list-style-type: none"> • Are they able to make reasonable judgments and solve problems? • Are they doing anything that is unsafe (eg, leaving the stove on)? • Do you feel that they could respond appropriately to emergency situations (eg, a fire in the home or if a water pipe breaks)? • Are they using poor judgment when dealing with money (eg, giving large amounts to telemarketers)?
Planning/organization	<ul style="list-style-type: none"> • Can they make appropriate plans and follow through with them? • Are they having trouble with familiar tasks (eg, following a recipe or keeping track of appointments)? • Is their home as organized as it used to be, or is it more cluttered?
Spoken/written communication	<ul style="list-style-type: none"> • How has their written and/or spoken communication changed? • Do they have trouble following and/or joining a conversation? • Do they stop in the middle of a conversation and have difficulty completing their thoughts? • Do they have problems finding the right word or call things by the wrong name?
Activities of Daily Living	
Issues with managing finances (personal and work)	<ul style="list-style-type: none"> • Has it become more difficult to manage a budget (for work or home)? • If they are managing their own finances, have they made fewer or more payments than required?
Household tasks	<ul style="list-style-type: none"> • Are they having problems with daily tasks that they previously performed (eg, cooking meals, doing laundry, or cleaning)? • Can they perform these tasks as well as they used to do them? Is more effort required? • Are they leaving tasks partially completed (eg, leaving a meal half cooked, forgetting to turn off the iron or stove)?

Caregiver Reports	Healthcare Provider Probative Questions
Activities of Daily Living (continued)	
Hobbies/interests	<ul style="list-style-type: none"> • Do they have less interest in initiating and/or participating in activities they previously enjoyed? • Are they having difficulty remembering the rules of a favorite game? • Are they having trouble remembering how to complete a favorite hobby? • Are they engaged in conversations about their interests?
Using common household devices	<ul style="list-style-type: none"> • Are they having problems operating devices or appliances that they previously used (eg, remote control, microwave, telephone, computer, vacuum, or washing machine)?
Personal care (getting dressed, bathing, grooming, toileting)	<ul style="list-style-type: none"> • Are they having problems picking out clothes to wear? Are they wearing clothes that are not seasonally appropriate? • Are they grooming properly (bathing, shaving, brushing teeth, using deodorant) without reminders? • Are they having toileting accidents?
Getting around outside the home	<ul style="list-style-type: none"> • Can they still plan a short trip outside the home (eg, going to the bank or supermarket)? • Have they had difficulty finding their way home? • Has their ability to drive or obey traffic rules changed? • Are they having difficulty taking public transportation?
Eating without help	<ul style="list-style-type: none"> • Have you noticed a major change in their appetite? • Are they eating inappropriate things? • Do they eat significantly more or less than they used to eat? • Do they have difficulty using their silverware appropriately?
Ability to be left alone	<ul style="list-style-type: none"> • Do you feel comfortable leaving him/her home alone? If yes, how long are you comfortable leaving him/her (week, day, hours)? • What changes have you seen that make you uncomfortable with leaving him/her home alone?
Taking medicine	<ul style="list-style-type: none"> • Are they taking their medicine on their own? • Have there been any issues with taking their medicine (eg, taking too much or too little, taking at the wrong time)? • How do you track whether they are taking it every day?
Behavior, Mood, and Personality	
Restlessness/anxiety	<ul style="list-style-type: none"> • Do they appear excessively stressed and/or anxious at times? • When are you seeing these behaviors? What triggers these behaviors (time of day, stress, other)? • How are they displayed (eg, pacing, tapping, humming, fidgeting)?
Irritability/agitation/aggression/resistance	<ul style="list-style-type: none"> • Do they seem more irritable, resistant to care, and/or aggressive (eg, shouting or pushing)? • When are you seeing these behaviors? Under particular circumstances or at certain times of the day? • What triggers these behaviors (time of day, stress, other)? • How are they displayed?
Changes in sleep patterns	<ul style="list-style-type: none"> • Explain the changes in sleep (eg, too much sleep, too little sleep) • Are they waking up during the night? Or sleeping during the day?
Seeing or thinking things that aren't real	<ul style="list-style-type: none"> • Do they at times seem overly suspicious (paranoid) about people taking things and/or coming into the house? • Are they seeing things that are not there? • Do they believe something that did not happen?
Inappropriate/unusual behavior	<ul style="list-style-type: none"> • Have they displayed any behavior that is out of character, out of place, and/or not socially acceptable?
Changes in mood (large increase in sadness or happiness)	<ul style="list-style-type: none"> • Have you noticed a large increase in sadness or happiness? Is this different from their normal personality? • Do they have large swings in mood and/or occasions where they cry excessively? • Are they excessively happy or excited at inappropriate times? If yes, how often does this occur?
Loss of interest/withdrawal	<ul style="list-style-type: none"> • Do they seem less interested than usual in familiar activities, social interactions, family members, and/or friends? • Are they less motivated to engage in conversation? • Can you give any examples?