

## 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:

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)

<b>Family Section</b> Please give examples wherever possible	Always been the case	Always but worse now	New symptom	Does Not 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:**