

Participant with Cognitive Impairment

ATTENTION CARETAKER for participant with cognitive impairment.

Please give us the following information. If you are aware of anything that triggers or aggravates a particular behavior, or of techniques that help, please tell us in the comment sections.

BEHAVIOR (Please check all that apply)

Communication

Difficulty communicating wants and needs

Difficulty completing sentences

Sentences do not make sense

Difficulty naming people

Difficulty expressing self: babbles aphasic

Comments _____

Has difficulty concentrating on a task or activity

Takes little or no interest in activities

Has difficulty following directions

Often asks the same question over and over again

Loses or misplaces things

Hoards objects

Wanders away or paces around

Demands constant attention

Comments _____

Can be verbally abusive when _____

 Can be combative when _____

 Can be anxious when _____

 Can be agitated when _____

 Can be stubborn or uncooperative

 Exhibits socially inappropriate and/or embarrassing behavior

Comments _____

 Engages in behavior that could be potentially dangerous

Comments _____

 Seems unaware that anything is wrong

 At times will state that something is wrong

 Appears depressed or withdrawn at times

Comments _____

Describe other significant behaviors _____

Signature of Caregiver _____ Date _____