

**Managing Your Loved One's Health and Memory [MYLOH-M]** ©

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For family and friends caring for someone living with memory problems

Please put a check mark (✓) next to **all questions** you want to talk about with your care recipient's health care provider.

When completed, **please circle one item you most want to be sure gets covered during the visit today.**

<b>1. I want to talk about my care recipient's medications:</b>	
<b>A. What medicines are prescribed / recommended</b>	
<b>B. What each medication is for</b> (ex. blood pressure, blood sugar, dementia)	
<b>C. The doses and when/how</b> each should be taken (ex. 10 mg tablet twice a day)	
<b>D. The benefits and possible side effects</b> of each medication	
<b>E. Strategies for assisting with or giving medications</b> (ex. when care recipient refuses)	
<b>F. What should I do when I have worries about safety, effectiveness or cost</b>	
<b>2. I want to talk about how to manage DAY-TO-DAY problems with my care recipient's:</b>	
<b>A. Memory and thinking</b> (ex. remembering, planning, making decisions)	
<b>B. Mood and behaviors</b> (ex. anger, sadness, irritation, poor sleep)	
<b>C. Medical Issues</b> (ex. illnesses, pain, headaches)	
<b>D. Self-Care</b> (ex. eating, nutrition, exercise, dressing, showering, using the toilet)	
<b>E. Safety</b> (ex. wandering, falls, driving, using household appliances)	
<b>3. I want to talk about how to recognize NEW or RAPIDLY WORSENING problems with:</b>	
<b>A. Memory and thinking</b> (ex. remembering, planning, making decisions)	
<b>B. Mood and behaviors</b> (ex. anger, sadness, irritation, poor sleep)	
<b>C. Medical Issues</b> (ex. illnesses, pain, headaches)	
<b>D. Self-Care</b> (ex. eating, nutrition, exercise, dressing, showering, using the toilet)	
<b>E. Safety</b> (ex. wandering, falls, driving, using household appliances)	
<b>4. I want to talk about what to do when NEW or RAPIDLY WORSENING problems occur:</b>	
<b>A. What to deal with on my own</b>	
<b>B. When to contact my care recipient's healthcare provider and what to report</b>	
<b>C. Which health care provider to contact</b> (ex. primary care provider, specialist, pharmacist)	

D. When to get <b>immediate assistance</b> (ex. call 911)	
<b>5. I want to talk about how to make medical decisions with and for my care recipient about:</b>	
A. <b>Diagnostic tests</b> (ex. colonoscopy, mammogram)	
B. <b>Other treatments</b> (ex. surgery, chemotherapy, hospitalization)	
C. <b>Future care needs</b> (ex. how often to schedule primary care visits, when to consider long-term care)	
D. <b>End of life preferences</b> (ex. life prolonging treatments vs. comfort, preferred care setting)	
<b>6. I want to talk about how to get support:</b>	
A. How to <b>get information</b> about what to expect as dementia progresses	
B. How to <b>advocate</b> for my care recipient's preferences with health care providers	
C. How to <b>communicate</b> medical care decisions to family members	
D. How to <b>take care of myself</b> so that I can <b>continue to care</b> for my care recipient (ex. manage stress)	
E. How to <b>get help with caregiving</b> (ex. get someone else to fill in to attend my own medical appt.)	
F. What to do if <b>I have an emergency and cannot help with care</b> as I usually do (ex. sudden illness)	
G. How to get help <b>finding other resources</b> (ex. financial, legal, long-term care)	
H. How to get help <b>paying for basics</b> for <b>the person I care for</b> (ex. food, rent, utilities, medications)	
I. How to get help <b>paying for basics</b> for <b>myself</b> (ex. food, rent, utilities, medications)	
<b>7. I want to discuss something else:</b>	