

**Managing Your Own Health and Memory [MYOH-M]** ©

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Questionnaire for people living with memory problems

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

When completed, **please circle the one item most important to you to discuss during the visit today.**

<b>1. I want to talk about my 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 taking medications</b> (ex. using a pillbox, asking family for help)	
<b>F. What should I do when I have worries about medication safety, effectiveness or cost</b>	
<b>2. I want to talk about how to manage DAY-TO-DAY problems with my:</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. getting lost, 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. getting lost, 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 healthcare provider and what to report</b>	
<b>C. Which health care provider to contact</b> (ex. primary care provider, specialist, pharmacist)	

<b>D. When to get immediate assistance</b> (ex. call 911)	
<b>5. I want to talk about how to make medical decisions about:</b>	
<b>A. Diagnostic tests</b> (ex. colonoscopy, mammogram)	
<b>B. Other treatments</b> (ex. surgery, chemotherapy, hospitalization)	
<b>C. Future care needs</b> (ex. how often to schedule primary care visits, when to consider long-term care)	
<b>D. 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>	
<b>A. How to get information</b> about what to expect as my memory gets worse	
<b>B. How to advocate</b> for my preferences with health care providers	
<b>C. How to communicate</b> medical care decisions to family members	
<b>D. How to manage stress and fears</b> related to dementia diagnosis	
<b>E. How to get help with care</b> (ex. someone to help with chores or other tasks)	
<b>F. How to get help finding other resources</b> (ex. financial, legal, long-term care)	
<b>G. How to share my care</b> with those who love me	
<b>7. I want to discuss other issues:</b>	
Add vertical line here to allow choice of another issue	