## Symptom Monitoring Form

Dementia Caregiver, please observe and interview the patient and fill out daily

| Name: | | | | | | | |
|---|---|---|---|---|---|---|---|
| | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 |
| Day of the week<br>MON, TUE, WED, THU, FRI, SAT, SUN | | | | | | | |
| Please select a number 1-10 that best describes the intensity of the symptom<br>1=low - - 5=moderate - - 10=severe | | | | | | | |
| **Refused to take medications** | | | | | | | |
| Lethargy<br>(sleepy, low energy) | | | | | | | |
| Irritability<br>(cranky) | | | | | | | |
| Agitation<br>(restless) | | | | | | | |
| Hallucinations | | | | | | | |
| Paranoia | | | | | | | |
| Depression | | | | | | | |
| Anxiety | | | | | | | |
| Increased forgetfulness | | | | | | | |
| Difficulty sleeping | | | | | | | |
| Changes in appetite | | | | | | | |
| Upset stomach, abdominal pain | | | | | | | |
| Changes in urination, or new urinary incontinence | | | | | | | |
| Diarrhea, constipation, or new bowel incontinence | | | | | | | |
| Changes in weight | | | | | | | |
| Dizziness, fainting | | | | | | | |
| Falls or near falls | | | | | | | |
| Choking or gagging episodes | | | | | | | |
| Difficulty breathing | | | | | | | |
| Chest Pain | | | | | | | |
| New or worse skin sores | | | | | | | |
| Change in mobility<br>(walking, etc) | | | | | | | |
| Increased or new episodes of wandering | | | | | | | |

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