

# MEMORY CLINIC OBSERVATION LOG

**Instruction to Caregiver:** Please place a (X) in the appropriate column to inform the doctor of changes observed since the last visit or last dose adjustment. At the bottom, do the same to indicate how these changes have affected **you**. If not applicable or can't assess, check "No Change."

**NOTE:** No change, improvement, or even minimal decline are all positive signs of treatment effectiveness.

	<b>Much Worse</b>	<b>Somewhat Worse</b>	<b>No Change</b>	<b>Somewhat Improved</b>	<b>Much Improved</b>
<b>Functions:</b>					
Bathing, Toileting	[ ]	[ ]	[ ]	[ ]	[ ]
Grooming, Dressing	[ ]	[ ]	[ ]	[ ]	[ ]
Eating Habits, Manners	[ ]	[ ]	[ ]	[ ]	[ ]
Sleep Pattern	[ ]	[ ]	[ ]	[ ]	[ ]
Doing Household Tasks	[ ]	[ ]	[ ]	[ ]	[ ]
<b>Behavior:</b>					
Motivated To Do Things	[ ]	[ ]	[ ]	[ ]	[ ]
General Mood (Happy, Sad)	[ ]	[ ]	[ ]	[ ]	[ ]
Suspiciousness or False Beliefs	[ ]	[ ]	[ ]	[ ]	[ ]
Anxiety Level	[ ]	[ ]	[ ]	[ ]	[ ]
Restlessness, Agitation	[ ]	[ ]	[ ]	[ ]	[ ]
<b>Social</b>					
Participating in Conversation	[ ]	[ ]	[ ]	[ ]	[ ]
Involvement with Family or Friends	[ ]	[ ]	[ ]	[ ]	[ ]
Cooperation	[ ]	[ ]	[ ]	[ ]	[ ]
Awareness In Social Settings	[ ]	[ ]	[ ]	[ ]	[ ]
Interest in Hobbies/Leisure Activities	[ ]	[ ]	[ ]	[ ]	[ ]
<b>Cognition:</b>					
Remembering Names and Events	[ ]	[ ]	[ ]	[ ]	[ ]
Ability to Find Appropriate Words	[ ]	[ ]	[ ]	[ ]	[ ]
Keeping Track of Time	[ ]	[ ]	[ ]	[ ]	[ ]
Awareness of Environment	[ ]	[ ]	[ ]	[ ]	[ ]
Ability to Follow Instructions	[ ]	[ ]	[ ]	[ ]	[ ]
<b>Caregiver Questions:</b>					
General Mood	[ ]	[ ]	[ ]	[ ]	[ ]
Worry or Frustration Level	[ ]	[ ]	[ ]	[ ]	[ ]
Energy Level	[ ]	[ ]	[ ]	[ ]	[ ]
Feeling Lonely or Isolated	[ ]	[ ]	[ ]	[ ]	[ ]
Sleep Pattern	[ ]	[ ]	[ ]	[ ]	[ ]
Overall Caregiver Distress	[ ]	[ ]	[ ]	[ ]	[ ]

**Appt Date:**