

Comprehensive Social History for Dementia Care

Conference Attendees are welcome to use the below information to create a custom assessment that works for their facility.

Objective:

The objective of this assessment is to gather a detailed and holistic history that reflects the individual's background, preferences, and abilities. This information will be utilized to design personalized, person-centered activities that celebrate the individual's identity and enhance their quality of life.

1. General Information

Purpose: To collect foundational information that informs the activity planning process and social interactions within the care team.

- **Reason for Assessment:**
 - Initial Assessment
 - Annual Review
 - Significant Change in Condition
- **Person(s) Providing Information:**
(e.g., Caregiver, Family Member, Healthcare Provider, etc.)
Note: Always engage the individual being assessed whenever possible.
- **Languages Spoken:**
(Please list all languages spoken or understood. It is important to note that individuals with dementia may revert to their first language as the condition progresses.)
- **Primary Diagnosis and Other Relevant Diagnoses:**
(Include conditions that may impact participation in activities, such as vision or hearing impairments, palliative care, or dementia-related diagnoses.)

Adaptive Equipment for Group Programs or Independent Leisure Activities

(Please check all relevant items and specify any additional needs or preferences.)

Communication Aids:

- Marker Boards or Whiteboards for Written Communication

- Communication Boards (with symbols or pictures)
- Picture Cards or Flashcards for non-verbal communication
- Voice Amplification Devices or Speech Generators

Grip and Dexterity Aids:

- Adaptive Silverware (large-handled forks, spoons, knives)
- Ergonomic or Large-Handled Art Tools (e.g., paintbrushes, scissors)
- Special Adaptive Scissors (spring-loaded or large-handled)
- Dycem Pads or Non-Slip Mats (to stabilize objects like plates or tools)
- Gripping Aids for Writing Instruments (pens, pencils with thick grips)
- One-Handed Kitchen Tools (can openers, peelers)

Hearing Aids and Related Devices:

- Hearing Aids (For amplification of ambient sound)
- Amplified Telephones (For easier communication)
- Vibrating Alert Devices (for doorbells, alarms, etc.)
- Visual Alert Systems (for phone calls, alarms, or visitors)
- TV or Audio Amplifiers with Headphones
- Personal Listening Systems (for group settings or meetings)

Memory Aids:

- Calendars (Large Print or Color-Coded for easy reference)
- Seasonal or Familiar Decor (to aid with orientation and evoke memories)
- Clocks (with large, clear numbers or digital displays)
- Daily Schedule Boards (highlighting appointments, meals, and activities)
- Reminder Systems (alarm clocks, timers, or medication reminders)
- Photo Albums or Memory Boxes (to stimulate memory through familiar images or objects)
- Memory Journals (personalized journals to record significant events or milestones)
- Color-Coded Sticky Notes or Labels (for easy identification of items or areas)
- Task Instructions or Checklists (written reminders for daily activities)

Other Adaptive Equipment:

(Please specify any additional tools or aids that may enhance participation in group programs or independent leisure activities.)

- _____
- _____

Vision Aids:

- Magnifying Glasses
- Large Print Materials (books, puzzles, activity sheets, etc.)
- High Contrast Objects or Tools
- Screen Magnifiers or Zoom Software for electronic devices
- Adjustable Lighting for improved visibility
- Tactile Signage or Braille Labels
- **Cognitive or Physical Limitations:**
(Provide an overview of any cognitive or physical challenges that may impact activity engagement.)

2. Personal Information

Purpose: To obtain a deeper understanding of the individual's life history, family dynamics, and occupational background.

- **Birthplace:**
(City, State, Country.)
- **Educational Background:**
(Highest level of education completed, specific fields of interest or study.)
- **Hobbies and Interests:**
(Current or past activities, e.g., gardening, cooking, painting, sports, reading, etc.)
- **Marital Status:**
 - Single
 - Married
 - Widowed
 - Divorced
 - In a Relationship
 - Other
- **Name of Spouse/Partner (if applicable):**
- **Number of Children:**
(Please include names, ages, and any relevant details.)
- **Number of Grandchildren:**
(Please include names, ages, and any relevant details.)
- **Occupational History:**
(Please list significant jobs or careers, along with any particular skills, passions, or accomplishments.)
- **Where Did You Live Most of Your Life?:**
(City, region, or country where most of their life was spent.)

3. Religion, Spirituality, and Personal Beliefs

Purpose: To understand the individual's spiritual, religious, or philosophical practices, and preferences. It is important to recognize that individuals with dementia may reconnect with past spiritual or religious practices, even if they have not been actively involved in these traditions for years.

- **Do you follow a specific faith, spiritual practice, or belief system?**
 - Yes
 - No

If Yes, please describe the practices or traditions that are meaningful to you:

- **Would you like to attend spiritual or religious services?**
 - Yes
 - No

If Yes, what type of service would you prefer?
(Traditional, modern, quiet reflection, interfaith, etc.)

- **Are there any specific spiritual or religious practices you would like to incorporate into your independent leisure time?**
(Music, readings, rituals, meditation, dietary practices, etc.)
- **Would you prefer private spiritual or religious services or visits from spiritual leaders or community members?**
 - Yes
 - No

If Yes, please provide any details or preferences:

4. Military Service

Purpose: To explore the individual's military background, as it can be a significant part of their identity.

- **Are You a Veteran?**
 - Yes
 - No
- **Was Your Spouse a Veteran?**
 - Yes
 - No
- **Branch of Service:**
(Army, Navy, Air Force, Marines, Coast Guard, etc.)

- **Dates of Service:**
(From [Year] to [Year])
- **Military Achievements or Experiences:**
(Medals, awards, notable experiences or duties.)
- **Impact of Military Service on Current Life:**
(Memories, challenges, or sources of pride related to military service.)

5. Community and Social Involvement

Purpose: To understand the individual's past and current engagement in their community, which can guide social activity planning.

- **Do you have special skills or talents you would be willing to teach or share with others?**
(e.g., cooking, arts and crafts, knitting, carpentry, etc.)
- **Did you belong to any clubs, organizations, or societies?**
(Social clubs, religious organizations, professional associations, etc.)
- **Have you ever volunteered?**
 - Yes
 - No

If Yes, in what capacity?

(Details about volunteering experiences.)

- **Are you interested in engaging with others through volunteer work or activities?**
 - Yes
 - No

If Yes, how?

6. Independent Preferences

Purpose: To learn about the individual's preferences for activity engagement and daily routine.

- **Preferred Group Setting for Activities (select all that apply):**
 - Large Group
 - Small Group
 - One-on-One
 - Family-Focused
- **Preferred Time of Day for Activities (select all that apply):**
 - Morning

- Afternoon
- Evening
- Overnight
- Flexible

Activity Preferences

Games:

(Please check all that apply and provide specific details where applicable.)

- Card Games
- Bingo
- Board Games
- Puzzles
- Trivia
- Other Games (Please specify)

Physical Activities:

(Please check all that apply and provide specific details where applicable.)

- Seated Exercise
- Sports
- Walking or Strolling
- Dancing or Movement Classes
- Stretching Exercises
- Group Exercise or Fitness Classes
- Other Physical Activities (Please specify)

Arts & Crafts:

(Please check all that apply and provide specific details where applicable.)

- Painting or Drawing
- Knitting or Crocheting
- Sculpting or Clay Projects
- Beading or Jewelry Making
- Scrapbooking or Collage
- Other Art & Craft Activities (Please specify)

Cognitive Activities:

(Please check all that apply and provide specific details where applicable.)

- Crossword Puzzles
- Sudoku
- Trivia Games or Quizzes
- Memory Games
- Word Search Puzzles
- Reading Groups
- Other Cognitive Activities (Please specify)

Specials & Outings:

(Please check all that apply and provide specific details where applicable.)

- Visits to Parks, Museums, or Zoos
- Seasonal or Holiday Outings
- Intergenerational Events or Programs
- Movies
- Theatre Shows
- Group Celebrations or Parties
- Picnics or Dining Out
- Other Outings or Special Events (Please specify)

Outdoor Activities:

(Please check all that apply and provide specific details where applicable.)

- Gardening
- Walking
- Bird Watching
- Picnics
- Playing Catch
- Sitting on Patio
- Outdoor Photography
- Kite Flying
- Pet Therapy
- Snow Day Fun
- Tactile Programs
- Leaf-Peeping
- Harvesting (fruits, vegetables, flowers, etc.)
- Listening to Nature Sounds
- Water Play

- Other (specify)

Steps for Creating Person-Centered Care Plan Goals Based on Interests

1. **Get to Know the Person Beyond Their Diagnosis:**
Understand the individual's unique interests, life history, and current preferences. Engage with the person, family, and past caregivers to collect detailed information about hobbies, social preferences, and significant past activities.
2. **Consider Abilities and Limitations:**
Tailor goals based on the individual's current cognitive and physical abilities. While cognitive changes may occur, the person may still enjoy familiar activities from their past.
3. **Set Clear and Person-Centered Goals:**
 - **Quality of Life Focus:** Enhance emotional well-being and create a sense of purpose.
 - **Promote Cognitive Function:** Incorporate memory games, puzzles, or problem-solving activities.
 - **Promote Emotional Well-Being:** Include social interactions and familiar activities that reduce anxiety and loneliness.
 - **Encourage Physical Activity:** Incorporate gentle exercise routines aligned with the individual's abilities.
4. **Adapt Goals as Needs Change:**
Recognize that dementia is progressive, and goals may need to be adjusted over time. Celebrate small successes and ensure activities remain stimulating and meaningful.

By using this structure it should help ensure that activities are organized in a way that is clear and accessible for care planning purposes, making it easier to create person-centered goals based on the individual's preferences.