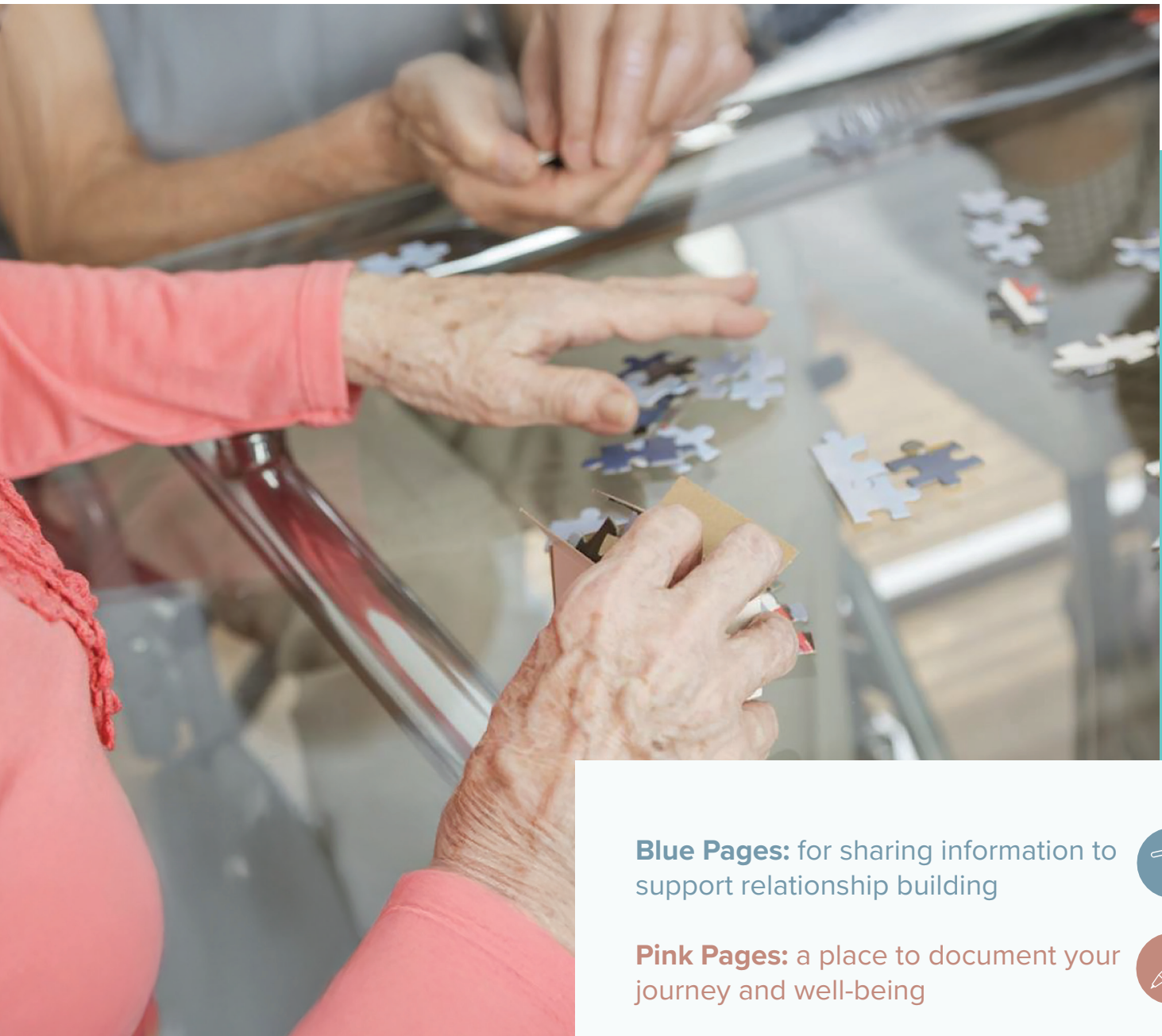




# ODJJ

Our Dementia  
Journey Journal

This journal is adapted by and  
for the general public



This is your journal, use it  
however you like!

**Blue Pages:** for sharing information to  
support relationship building



**Pink Pages:** a place to document your  
journey and well-being



**Peach Pages:** for diary keeping and  
noting your reflections



**Green Pages:** resources for when you  
are feeling overwhelmed





# Welcome to Our Dementia Journey Journal.

This journal was created by family members of persons living with dementia, healthcare workers, representatives from the Alzheimer Society of Canada and the SE Research Center at SE Health.

You can use this journal along with your friends, family and health care providers as you experience the dementia journey together. We hope you find the journal helpful.

You can choose which activities or pages will be most helpful. We suggest storing these papers in a binder

In case of loss, please return to:

Name: \_\_\_\_\_

Contact: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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# Dementia is a journey



Dementia is a term used to describe symptoms that may include memory loss, difficulty thinking, problem-solving, or language-related problems.

There are many types of dementia—the most common ones you may have heard of are Alzheimer’s disease, Lewy body dementia, frontotemporal lobe dementia, or mixed dementia.

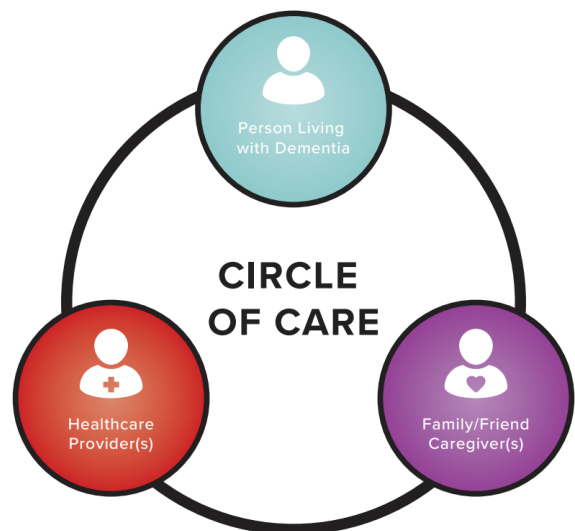
These conditions can affect everyone differently, but the most common symptoms are memory loss, personality changes, and difficulty completing tasks. Dementia is a progressive disorder which means that symptoms will change over time in predictable and unpredictable ways.

Dementia is often described as a journey that the person living with dementia and the people who support them take together.

**THE CIRCLE OF CARE.** One way to make the journey easier is to create a circle of care that includes the person living with dementia, their family and friends in caregiving roles, and care providers such as personal support workers, nurses and doctors.

Having strong relationships and good communication within the circle of care can make the journey less lonely and easier. This journal is designed to support this relationship building, particularly between the family and friend caregivers and healthcare providers.

While the ODJJ focuses on the relationship between caregivers and health care providers, building trust, teamwork and understanding of one another is hoped to help provide better care for a person living with dementia.



Visual Representation of The Circle of Care

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# Table of contents

Our Dementia Journey Journal is for people living with dementia, their family/friends, and care providers to support strong relationships between them throughout the dementia journey. This journal is divided into sections, and you can use the sections however you would like.

Colour-coded sections make it easy to make this journal your own. Each section has a different purpose and colour associated with it, so you can choose how you want to use this journal.

## Sections:

Guiding framework

How to use the journal



**Blue pages: to share information to support relationship building.**

My Questions About Dementia

All About Me – A Conversation Starter

My Top 5 Things

The Care Collage Activity



**Pink pages: a place to document your journey and well-being**

Well-being Communication Chart for Concerns

Bi-weekly Check-in (WHO's Well-Being Index)

Monthly Check-in on Symptoms of Dementia



**Peach pages: a place to note your reflections and for diary keeping**

Diary Entries

Reflection



**Green pages: Available Resources**

Acknowledgments

# Guiding framework

## Respect the circle of care:

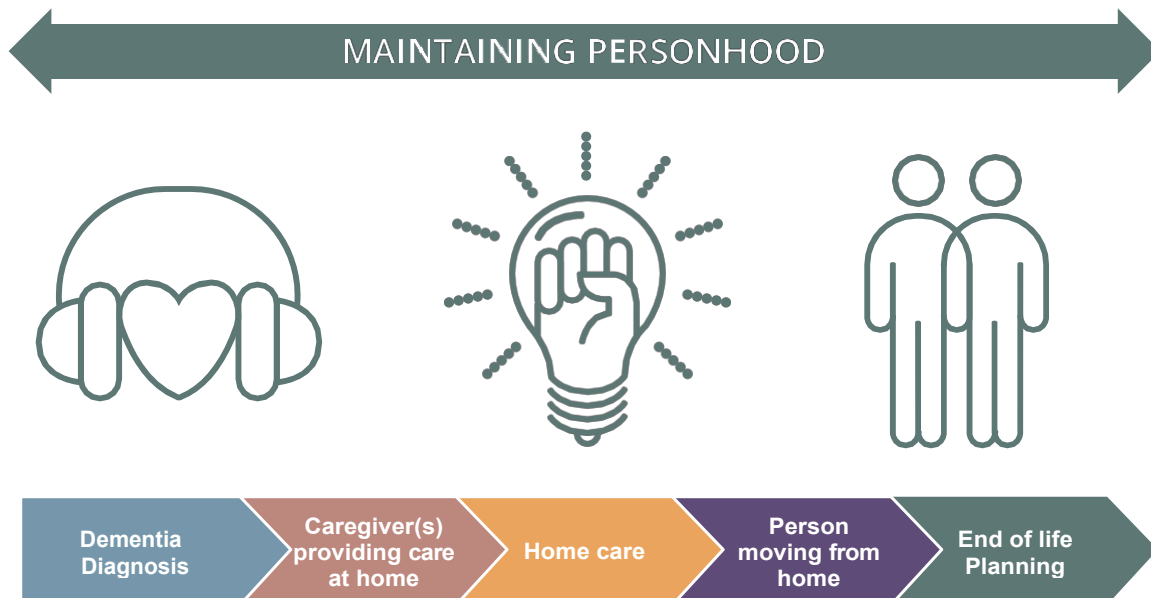
Realize that everyone in the circle of care has linked lives as you are on the dementia journey together. Strengthen this circle of care, respect the needs of the person living with dementia and their family and friends and build stronger relationships with care providers in professional roles.

## Use an individual and family-centred approach:

Focus on building strong relationships with each individual in the circle of care. Provide care that considers all of the different dimensions of wellness, and offer proactive, timely, well-coordinated support to promote wellness.

## Share your knowledge, and accept the difference:

Recognize the value each person brings to the circle of care, information that only they know.



## Help by ?

### Hear me

Empathize- Provide emotional support

Normalize- Demonstrate understanding

### Empower me

Provide resources to support

Share knowledge and information services

### Take action

Recognize, assess and take immediate action

Co-ordinate care/help caregiver get access to services

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# How to use this



## **Who should contribute to this journal?**

Anyone who is within the circle of care can contribute to this journal. This may include the person living with dementia, family or friends who help or care for them, and care providers who help care for a person living with dementia.

## **What can you use this journal for?**

This journal contains activities designed to help you on your dementia journey. The journey is full of changes, and these activities can help you prepare for them and address the challenges ahead.

## **When can you use this journal?**

You can use this journal as much or as little as you feel you want or need. Some activities have a suggested time to complete; others are up to you to choose.

## **How can you use this journal?**

The journal can be used in many ways. It is up to you to decide which parts are helpful to you.

Some ways to use the journal include:

- Taking it to appointments to share your concerns or observations
- Sharing memories and essential information about the person living with dementia
- Taking care of your mental health with self-care activities
- Building relationships with new members of the circle of care as the circle expands to meet the needs of the person living with dementia.





# Share Information



# My questions about dementia:

On this page, write questions you have about dementia that you can share with others. For example:

- "What did you notice or feel today that was different?"
- "What was different today that you want to understand?"
- "What lifestyle changes can support overall well-being for someone living with dementia?"
- "How often should we schedule check-ups, and what should we keep an eye on?"

**Date:** \_\_\_\_\_

\_\_\_\_\_

**Date:** \_\_\_\_\_

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**Date:** \_\_\_\_\_

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**Date:** \_\_\_\_\_

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**Date:** \_\_\_\_\_

\_\_\_\_\_

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**Date:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# My questions about dementia:

Date: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  
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Date: \_\_\_\_\_  
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Date: \_\_\_\_\_  
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\_\_\_\_\_



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# All About Me



## **Purpose**

*This activity is intended to provide an opportunity for all members of the circle of care to get to know each other better.*



## **Participants**

*This activity can be completed by anyone within the circle of care including the person living with dementia, their care providers and family members or friends who help or care for them.*



## **Timing**

*The content can be reviewed and updated as needed and/or as changes occur.*



## **Instructions**

*This activity is intended to be a conversation between members of the circle of care. Please feel free to skip any questions or topics that you don't want to talk about, and don't hesitate to add your own!*

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## **Acknowledgement**

*All about me has been adapted by the SE Research Centre with advice from and permission of the communities that participated in the co-design of Our Dementia Journey Journal, and, with permission of the people and organizations who created the following:*

- “All About Me – A Conversation Starter”, by Alzheimer Society of Canada (www.alzheimer.ca) © November 2014. Retrieved from: [https://alzheimer.ca/sites/default/files/documents/all\\_about\\_me\\_a\\_conversation\\_st](https://alzheimer.ca/sites/default/files/documents/all_about_me_a_conversation_st)



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# All About Me

## A Conversation Starter

Date:

This activity can be completed by anyone within the circle of care of a person living with dementia. Content may be reviewed and updated as needed and/or as changes occur through the dementia journey. You do not need to respond to the questions that you prefer not to answer.

### I like to be called...

*What is your name, nickname or preferred name?*

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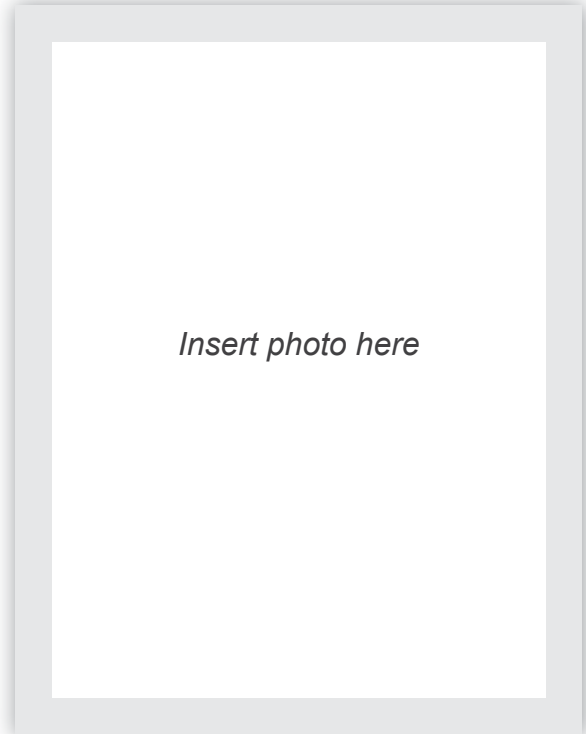
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### In the past I...

*In this section, note past careers, places the person lived, favourite events or activities and important aspects of your past.*

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## **I enjoy...**

*Note the things you enjoy such as favourite foods, activities, topics of conversation, people, music, etc.*

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## **I don't like...**

*Note your dislikes, such as severe allergies or types of foods, music, weather, topics of conversation. This information can help others understand some possible triggers that make you uncomfortable*

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## **A typical day for me could include...**

*Note how you like to have your day start and end, such as morning and evening routines, social and leisure activities, and meal times. What brings you comfort and pleasure?*

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# My Top 5 Things



## Purpose

The purpose of this activity is to help you share the most important things about you with the other members of the circle of care. This is especially important when a new member joins the circle of care.



## Timing

We suggest that you complete this activity during any transition period along the dementia journey. This may include when you first get a diagnosis or when you first need help with home care.



## Participants

Assess the situation – ideally, anyone in the circle of care will work together on this activity, including the person living with dementia, family/friends who help care for them and any care provider.

- Early on in the journey this activity might be best suited for the caregiver and the person living with dementia to complete together
- If the person living with dementia is unable to do so, this activity may be completed by their family members or friends and care provider(s).



## Materials

1. My Top 5 things template
2. Pen or pencil



## Instructions

- This activity can be completed from the different perspectives of those in the circle of care
- Using the template below, first, reflect and list the “Top 5 Important Things” you wish a new care provider knew. Then match each “important thing” with a reason why it is important for the care provider to know.
- Use this page as a “cover letter” when a new person joins your circle of care to help communicate what’s really important in your journey.



# Top 5 Things: About Me

Date: \_\_\_\_\_

My name: \_\_\_\_\_

## Top Five things about me

*For example, my mom likes to watch the sunrise.*



**Why is this important to you?**

*It lifts her spirits and connects her to the Creator.*

*For example, my father likes to be clean shaven.*



**Why is this important to you?**

*Because how he looks is important to him.*

*For example, I like to take some time just for me every day.*



**Why is this important to you?**

*It helps bring me balance and peace.*

*For example, I like to be called by my nickname.*



**Why is this important to you?**

*It makes me happy*



**Why is this important to you?**



If you want to reflect more on one of your “5 Important Things” go to the orange pages.

# Top 5 Things: About Me

Date: \_\_\_\_\_

My name: \_\_\_\_\_

## Top Five things about me



**Why is this  
important  
to you?**



**Why is this  
important  
to you?**



**Why is this  
important  
to you?**



**Why is this  
important  
to you?**



**Why is this  
important  
to you?**



# Top 5 Things: About Me

Date: \_\_\_\_\_

My name: \_\_\_\_\_

## Top Five things about me



**Why is this  
important  
to you?**



**Why is this  
important  
to you?**



**Why is this  
important  
to you?**



**Why is this  
important  
to you?**



**Why is this  
important  
to you?**



# Top 5 Things: About Me

Date: \_\_\_\_\_

My name: \_\_\_\_\_

## Top Five things about me



**Why is this  
important  
to you?**



**Why is this  
important  
to you?**



**Why is this  
important  
to you?**



**Why is this  
important  
to you?**



**Why is this  
important  
to you?**



# Top 5 Things: About Me

Date: \_\_\_\_\_

My name: \_\_\_\_\_

## Top Five things about me



**Why is this  
important  
to you?**



**Why is this  
important  
to you?**



**Why is this  
important  
to you?**



**Why is this  
important  
to you?**



**Why is this  
important  
to you?**



# The Care Collage



## Purpose

The purpose of this activity is to create a visual representation of what each member of the circle of care has experienced and expects in dementia care.



## Timing

We suggest that you complete this activity during any transition period along the dementia journey. This may include when you first get a diagnosis or when you first need help with home care.



## Participants

Assess the situation – Ideally, anyone involved in the journey will work together on this activity, including the person living with dementia, their family/friends, and their care provider(s).

- Early in the journey, this activity may be best suited for the person living with dementia and their family/friend(s) to complete together.
- This activity is suitable for family members/friends and care provider(s) if the person living with dementia is unable to participate.



## Materials

1. A variety of pre-cut images from personal photos, magazines and newspapers
2. Glue or tape
3. Pens, pencils, or markers



## Instructions

Put together a collage representing your experiences and thoughts about dementia care. As you complete each collage, you are encouraged to talk about your collage.



## Suggested discussion items

1. What does each image mean to you and why did you choose to include it?
2. What does “care” mean to you?
3. What does each person see as their role in the scope of dementia care?



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# The Care Collage

Date: \_\_\_\_\_



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# The Care Collage

Date: \_\_\_\_\_



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# The Care Collage

Date: \_\_\_\_\_



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# The Care Collage

Date: \_\_\_\_\_

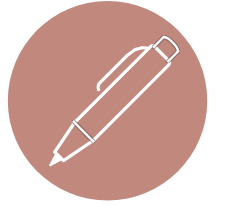


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# The Care Collage

Date: \_\_\_\_\_





**Share my  
Journey**



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# Well-being Communication

Throughout your journey, please document any concerns you feel. Use this page as often as you want to share your experiences. You can take this form to your doctor/medical appointments to help with the discussion.

**Today's Date:**

**Person documenting:**

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**I'm concerned about:**

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**Why:**

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**I need someone to:**    Listen to me    Help me    Take action

**Response:**

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# Well-being Communication

Throughout your journey, please document any concerns you feel. Use this page as often as you want to share your experiences. You can take this form to your doctor/medical appointments to help with the discussion.

**Today's Date:**

**Person documenting:**

---

**I'm concerned about:**

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**Why:**

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**I need someone to:**    Listen to me    Help me    Take action

**Response:**

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# Well-being Communication

Throughout your journey, please document any concerns you feel. Use this page as often as you want to share your experiences. You can take this form to your doctor/medical appointments to help with the discussion.

**Today's Date:**

**Person documenting:**

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**I'm concerned about:**

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**Why:**

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**I need someone to:**    Listen to me    Help me    Take action

**Response:**

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# Well-being Communication

Throughout your journey, please document any concerns you feel. Use this page as often as you want to share your experiences. You can take this form to your doctor/medical appointments to help with the discussion.

**Today's Date:**

**Person documenting:**

---

**I'm concerned about:**

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**Why:**

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**I need someone to:**    Listen to me    Help me    Take action

**Response:**

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# Bi-weekly Check-In



## Purpose

This activity can help you think about your overall well-being by asking five simple questions. Using this tool can help you understand or communicate your feelings. If your overall score decreases over time, you may want to seek help or talk to someone about what's happening in your life.



## Timing

We suggest completing this activity every two weeks, but you can use it as often or as little as you like.



## Participants

Everyone in the circle of care is encouraged to track their wellbeing.

## The World Health Organization's Well-Being Index

### Instructions:

- Please indicate for each of the five statements which closest describes how you have been feeling over the past two weeks.
- Note that higher numbers mean better wellbeing.
- Example: If you felt happy and in a good mood more than half of the time during the past two weeks, put a tick in the box numbered 3 in the upper right corner.
- Your score is calculated by totaling the figures of the five answers. The score ranges from 0 to 25, 0 representing worst possible and 25 representing best possible quality of life.
- There is space below each table to record your score and a tracker to help you monitor your scores over time.

Name:

Date:

Over the last two weeks:	All of the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
I have felt cheerful and in good spirits	5	4	3	2	1	0
I have felt calm and relaxed	5	4	3	2	1	0
I have felt active and vigorous	5	4	3	2	1	0
I woke up feeling fresh and rested	5	4	3	2	1	0
My daily life has been filled with things that interest me	5	4	3	2	1	0



# Bi-weekly Check-In

Name:

Date:

Person documenting:

Over the last two weeks	All of the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
I have felt cheerful and in good spirits	5	4	3	2	1	0
I have felt calm and relaxed	5	4	3	2	1	0
I have felt active and vigorous	5	4	3	2	1	0
I woke up feeling fresh and rested	5	4	3	2	1	0
My daily life has been filled with things that interest me	5	4	3	2	1	0
						Total Score:

Name:

Date:

Person documenting:

Over the last two weeks	All of the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
I have felt cheerful and in good spirits	5	4	3	2	1	0
I have felt calm and relaxed	5	4	3	2	1	0
I have felt active and vigorous	5	4	3	2	1	0
I woke up feeling fresh and rested	5	4	3	2	1	0
My daily life has been filled with things that interest me	5	4	3	2	1	0
						Total Score:



# Bi-weekly Check-In

Name:

Date:

Person documenting:

Over the last two weeks	All of the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
I have felt cheerful and in good spirits	5	4	3	2	1	0
I have felt calm and relaxed	5	4	3	2	1	0
I have felt active and vigorous	5	4	3	2	1	0
I woke up feeling fresh and rested	5	4	3	2	1	0
My daily life has been filled with things that interest me	5	4	3	2	1	0
						Total Score:

Name:

Date:

Person documenting:

Over the last two weeks	All of the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
I have felt cheerful and in good spirits	5	4	3	2	1	0
I have felt calm and relaxed	5	4	3	2	1	0
I have felt active and vigorous	5	4	3	2	1	0
I woke up feeling fresh and rested	5	4	3	2	1	0
My daily life has been filled with things that interest me	5	4	3	2	1	0
						Total Score:



# Bi-weekly Check-In

Name:

Date:

Person documenting:

Over the last two weeks	All of the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
I have felt cheerful and in good spirits	5	4	3	2	1	0
I have felt calm and relaxed	5	4	3	2	1	0
I have felt active and vigorous	5	4	3	2	1	0
I woke up feeling fresh and rested	5	4	3	2	1	0
My daily life has been filled with things that interest me	5	4	3	2	1	0
						Total Score:

Name:

Date:

Person documenting:

Over the last two weeks	All of the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
I have felt cheerful and in good spirits	5	4	3	2	1	0
I have felt calm and relaxed	5	4	3	2	1	0
I have felt active and vigorous	5	4	3	2	1	0
I woke up feeling fresh and rested	5	4	3	2	1	0
My daily life has been filled with things that interest me	5	4	3	2	1	0
						Total Score:



# Bi-weekly Check-In Score Tracker

Name:

Person documenting:

Date	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Total Score						

Name:

Person documenting:

Date	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Total Score						

Name:

Person documenting:

Date	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Total Score						

Name:

Person documenting:

Date	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Total Score						



# Bi-weekly Check-In Score Tracker

Name:

Person documenting:

Date	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Total Score						

Name:

Person documenting:

Date	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Total Score						

Name:

Person documenting:

Date	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Total Score						

Name:

Person documenting:

Date	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Total Score						



# Bi-weekly Check-In Score Tracker

Name:

Person documenting:

Date	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Total Score						

Name:

Person documenting:

Date	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Total Score						

Name:

Person documenting:

Date	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Total Score						

Name:

Person documenting:

Date	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Total Score						



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# Monthly check-in on symptoms of dementia

## Using the "Alzheimer's and Dementia: Person-Centered Symptoms Tracker"



### **Purpose**

The purpose of this activity is to keep track of symptoms of dementia on a monthly basis. You should take the symptoms tracker pages with you when you talk to a healthcare provider or someone you trust.



### **Timing**

We suggest you update these pages every 30 days. If you notice a big change in the person with dementia that you want to keep a record of, you can update this page more often.



### **Participants**

This activity was originally designed to help friends and family of someone living with dementia in monitoring their symptoms. However, it can be used by anyone in the circle of care to keep track of dementia-related symptoms.



### **Instructions**

Each person's experience with Alzheimer's or dementia is unique. Symptoms may change frequently and progress differently with each person and can be affected by many factors. This tool was designed to help family caregivers (friends/family members of the person living with dementia) track the type and frequency of symptoms your loved one is exhibiting to support better communication and planning with your medical team and other healthcare providers as you collaborate in identifying the best possible treatment and interventions based upon your specific situation.



# Alzheimer's and Dementia Person-Centered Symptoms Tracker

Each person's experience with Alzheimer's or Dementia is unique to them. Symptoms may change frequently and progress differently with each person and can be affected by many factors. This tool was designed to help the family caregiver track the type and frequency of the symptoms your loved one is exhibiting to support better communication and planning with your medical team and other healthcare providers as you collaborate in identifying the best possible treatment and interventions based upon your specific situation.

Person's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

Orientation	Daily	Weekly	Monthly	Never
Forget s name of close family or f riends				
Forget s address or homet own				
Forgets date/time of year/time of day				
Asks repet i t ive quest ions				
Communication	Daily	Weekly	Monthly	Never
Has t rouble using words t o express needs				
Becomes f rust rat ed when speaking				
Rep eat s key words/ phrases/ gest ures				
Talks t o/ looks at people t hat aren't t here				
Has difficult y wit h writ t en or verbal comprehension				
Bathing and Grooming	Daily	Weekly	Monthly	Never
Ref uses t o change clot hes				
Resi st s bat hing (showering)				
Ref uses t o shave/ brush t eet h or hair				
Exhi bit s fear/ anxiet y regarding wat er or undressing				
Becomes combat ive during bathing or grooming				
Nutrition and Hydration	Daily	Weekly	Monthly	Never
Eat s less t han usual				
Eat s only a few t ypes of food				
Eat s 50% or less of meals				
Takes in less t han 8 glasses of wat er/ l iquid per day				
Rap id weight loss (5 or more #s/ month)				
Rap id weight gain (5 or more #s/ mont h)				
Behaviour	Daily	Weekly	Monthly	Never
Ref uses or resist s medicat ions				
Accuses ot hers of t heft or malice				
Yells, curses or engages in name calling				
St rikes out / t hrows t hings/ hit s people or t hings				
Fearful of new people or situations				
Disrobes inappropriately				
Exhi bits sexual aggressiveness				

Continued on next page...



Judgement	Daily	Weekly	Monthly	Never
Mismanages money or bills				
Dresses inappropriately for weather or outings				
Unable to recognize potential danger				
Inability to comprehend consequences				
Engagement	Daily	Weekly	Monthly	Never
Appears anxious or fearful				
Appears sad or withdrawn				
Has difficulty making eye contact or conversation				
Demonstrates an overall lack of interest in daily life and activities				
Has difficulty self-initiating hobbies or pleasant pastimes				
Does not want to attend ceremonies				
Toileting	Daily	Weekly	Monthly	Never
Accident(s)/incontinent of urine				
Accident(s)/incontinent of bowel				
Attempts to "go" in places other than the toilet				
Is unaware of need to use bathroom				
Is unaware when wet, soiled or has incontinent related odor				
Physical	Daily	Weekly	Monthly	Never
Has difficulty walking				
Walks with a "shuffling" gait				
Has difficulty transitioning from sitting to standing or vice versa				
Appears to have pain				
Changes in facial expression/ drooping				
Changes in sleeping habits				
Falls (with or without injury)				
Increase in bruising/ unexplained injuries				
Wandering and Safety	Daily	Weekly	Monthly	Never
Is unsafe around the stove or hot surfaces				
Is unsafe around water or faucets				
Attempts to eat things that are not food				
Has gotten lost away from home/ loses caregiver on outings				
Attempts to leave home				
Is currently or still asks to drive a car				

Other Concerns: \_\_\_\_\_

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# Alzheimer's and Dementia Person-Centered Symptoms Tracker

Each person's experience with Alzheimer's or Dementia is unique to them. Symptoms may change frequently and progress differently with each person and can be affected by many factors. This tool was designed to help the family caregiver track the type and frequency of the symptoms your loved one is exhibiting to support better communication and planning with your medical team and other healthcare providers as you collaborate in identifying the best possible treatment and interventions based upon your specific situation.

Person's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

Orientation	Daily	Weekly	Monthly	Never
Forget s name of close family or f riends				
Forget s address or homet own				
Forgets date/time of year/time of day				
Asks repet i t ive quest ions				
Communication	Daily	Weekly	Monthly	Never
Has t rouble using words t o express needs				
Becomes f rust rat ed when speaking				
Rep eat s key words/ phrases/ gest ures				
Talks t o/ looks at people t hat aren't t here				
Has difficult y wit h writ t en or verbal comprehension				
Bathing and Grooming	Daily	Weekly	Monthly	Never
Ref uses t o change clot hes				
Resi st s bat hing (showering)				
Ref uses t o shave/ brush t eet h or hair				
Exhi bit s fear/ anxiet y regarding wat er or undressing				
Becomes combat ive during bathing or grooming				
Nutrition and Hydration	Daily	Weekly	Monthly	Never
Eat s less t han usual				
Eat s only a few t ypes of food				
Eat s 50% or less of meals				
Takes in less t han 8 glasses of wat er/ l iquid per day				
Rap id weight loss (5 or more #s/ month)				
Rap id weight gain (5 or more #s/ mont h)				
Behaviour	Daily	Weekly	Monthly	Never
Ref uses or resist s medicat ions				
Accuses ot hers of t heft or malice				
Yells, curses or engages in name calling				
St rikes out / t hrows t hings/ hit s people or t hings				
Fearful of new people or situations				
Disrobes inappropriately				
Exhi bits sexual aggressiveness				

Continued on next page...



Judgement	Daily	Weekly	Monthly	Never
Mismanages money or bills				
Dresses inappropriately for weather or outings				
Unable to recognize potential danger				
Inability to comprehend consequences				
Engagement	Daily	Weekly	Monthly	Never
Appears anxious or fearful				
Appears sad or withdrawn				
Has difficulty making eye contact or conversation				
Demonstrates an overall lack of interest in daily life and activities				
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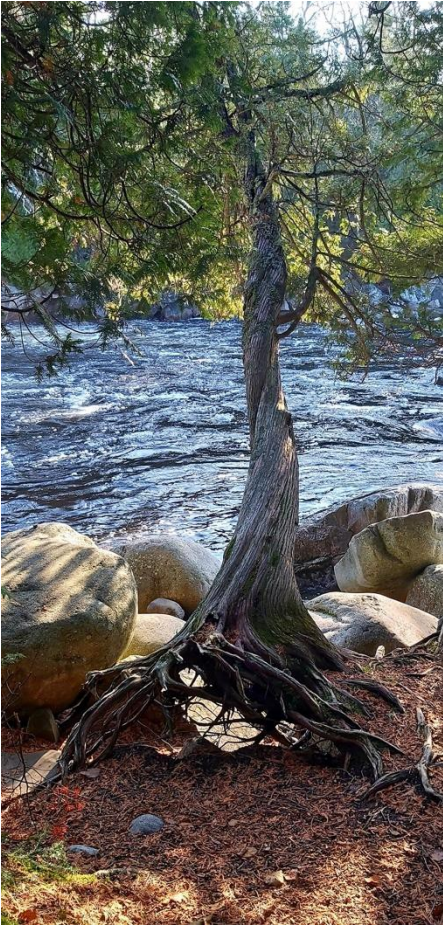


# Diary Entries and Reflection



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# Diary Entries



There are many ways to reflect on your dementia journey.

You may use these reflection pages to note the activities that happen in a day and your feelings about them.

Record any emotions you are feeling; this is where you can record ups and downs. Some people feel better or more confident when they write things down. Others like to look back after some time to see how they were feeling in the past.











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# Reflecting on joyful moments



If you're looking for an opportunity to focus on the positive during your dementia journey, keeping a journal is one way.

Write two or three things that make you happy each day with these pages.

You should write the date of each entry.

You can also use the prompts below to guide your reflection or write from the heart about whatever you choose.

- Write about an act of kindness you saw today
- Write down your favorite memory
- Write about what someone has done for you
- Ten things you love about your spouse, brother, mother, sister, father, etc.













# Available resources



Visit our website to access more resources and support  
for the ODJ [www.odjj.ca](http://www.odjj.ca)

# Available resources and services



Here are some resources that you may wish to consult along your journey:

**Tip:** Access these resources by scanning the QR codes below or by looking up the key words under the 'Resource' column in Google.

## Specialized Dementia Services

Resource	Purpose	Language	Who It's For	Access
SE Health's ELIZZ	Offers caregiving services and resources to support individuals caring for people living with dementia.	English	Family/friend caregivers	
Rare Dementia Support	Services, resources and support for people living with rare types of dementia and their care partners.	English	Everyone	






## Community and Peer Support

Resource	Purpose	Language	Who It's For	Access
Alzheimer's Society UK Talking Point Forum	Offer or receive support from other dementia care partners by taking part in an online discussion forum.	English	Everyone	
AlzConnected	Offer or receive support from other dementia care partners by taking part in an online discussion forum	English	Everyone	



# Available resources and services






## Educational Guides and Materials

Resource	Purpose	Language	Who It's For	Access
Alzheimer Society of Canada	Educational materials and support services for individuals and families affected by Alzheimer's disease and dementia.	English	Everyone	
Dementia Specific Training	Provides courses and educational materials to enhance understanding and skills in providing care and support for individuals living with dementia.	English	Family/friend caregivers Healthcare providers	
About Dementia (Teepa Snow)	Provides resources on how to take a positive approach to dementia care.	English, Spanish	Family/friend caregivers	
Talking to Your Doctor About Dementia	Provides tips for discussing dementia concerns with your doctor, including conversation starters, questions to ask, and seeking support for assessment and diagnosis.	English, French	Family/friend caregivers	
Dementia, Your Companion Guide	Information and resources for individuals and families navigating the dementia journey.	English, French, Punjabi, Tagalog, Arabic	Family/friend caregivers	



# Available resources and services



## Educational Guides and Materials

Resource	Purpose	Language	Who It's For	Access
Seven Dimensions of Wellness	Explore the Seven Dimensions of Wellness to promote well-being and vitality across all stages of life.	English	Everyone	
Forward With Dementia	Provides guidance after diagnosis, personal stories and strategies to combat dementia stigma. Includes resources tailored to specific communities (e.g., Italian, Chinese, South Asian)	English, French, Italian, Simplified Chinese, Traditional Chinese, Punjabi, Hindi, Urdu	Everyone	
Communicating with people living with dementia	Strategies to help interactions with persons living with dementia.	English, French	Family/friend caregivers Healthcare providers	
Dementia Information in Multiple Other Languages	Provides information and resources for individuals and families navigating the dementia journey in various languages.	Simplified Chinese, Punjabi, Hindi, Spanish, Portuguese	Everyone	
BrainXChange by Behavioral Supports Ontario	Tools and resources to support individuals with dementia who show responsive behaviours.	English, French	Persons living with dementia Healthcare providers	



# Available resources and services

## Educational Guides and Materials

Resource	Purpose	Language	Who It's For	Access
Research Institute for Aging - Words of Wisdom	Series of resources offering support, guidance, and reassurance for persons living with dementia and their care partners.	English	Persons living with dementia Family/friend caregivers	  

**Tip:** Collect and add resources you receive from other caregivers or your care providers in this section of the ODJ

### More topics that may be of interest (search using Google):

- What to expect along the dementia journey
- Beginning of memory problems
- Dealing with aggressive behaviour/violence/safety
- Complex symptoms
- Communication
- Activities
- Finance/Power of Attorney
- How to manage sudden deterioration or specific crisis
- Request for information about services
- Respite care/caregiver fatigue
- The decline in caregiver's own health
- Being unaware of symptoms/uncomfortable with help, especially with
- Personal care
- Family dynamics

**Note:** This is a standardized list and some of the links may no longer be active. If you are not directed to the page you are looking for after scanning the QR code, please try searching up the title of the resource directly in Google Search.



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# Activities Calendar

Name:

Year:

The Activities Calendar is your space to keep track of upcoming events related to care such as day programs, appointments, or support groups. You may keep a separate calendar for each member of the circle of care.

January

February

March

April

May

June



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# Activities Calendar

Name:

Year:

**July**

**August**

**September**

**October**

**November**

**December**



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# Activities Calendar

Name:

Year:

The Activities Calendar is your space to keep track of upcoming events related to care such as day programs, appointments, or support groups. You may keep a separate calendar for each member of the circle of care.

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# Activities Calendar

Name:

Year:

**July**

**August**

**September**

**October**

**November**

**December**



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# Have you noticed any of these warning signs?



Whether you're concerned for yourself or someone you care about, it's important to know the warning signs of dementia so you can ensure an early diagnosis. Here are 10 of the most common warning signs for dementia.

Please list any concerns you have and take this sheet with you to the doctor. *Note: This list is for information only and not a substitute for a consultation with a qualified professional.*

**1. MEMORY LOSS THAT AFFECT DAY-TO-DAY ABILITIES.** It is normal to sometimes forget meetings or co-worker names only to remember them a short time later. But a person with dementia may forget things more often. Or it might be hard for them to remember information they just learned.

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**2. DIFFICULTY DOING FAMILIAR TASKS.** Busy people can be so distracted sometimes that they may forget to serve part of a meal, only to remember it later. But a person living dementia may have trouble doing tasks they have done all their lives, such as preparing a meal or playing a game.

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**3. CHANGES IN LANGUAGE AND COMMUNICATION.** Anyone can have trouble finding the right word. But a person with dementia may forget simple words. Or they may use the wrong words, making that person hard to understand.

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**4. DISORIENTATION IN TIME AND SPACE.** It is common to forget the day of the week or your destination - for a moment. But a person with dementia may become lost on their own street. They may not know how they got there or how to get home.

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**5. IMPAIRED JUDGEMENT.** Sometimes, people may make bad decisions such as putting off seeing a doctor when they are not feeling well. But a person with dementia may not recognize a medical problem that needs attention, or wear heavy clothing on a hot day.

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**6. PROBLEMS WITH ABSTRACT THINKING.** Sometimes, people may have difficulty with tasks that require abstract thinking, such as managing finances. But a person with dementia may experience challenges with understanding what numbers are and how they are used.

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**7. MISPLACING THINGS.** Anyone can temporarily misplace a wallet or keys. But a person with dementia may put things in inappropriate places, such as an iron in the freezer or a wristwatch in the sugar bowl.

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**8. CHANGES IN MOOD, PERSONALITY AND BEHAVIOUR.** Sometimes people feel sad and moody, or experience changes in their behaviour. But a person living with dementia may experience more severe changes. For example, they may quickly become tearful or upset for no obvious reason. They may be confused or suspicious and withdraw from others. They may act differently from what is normal for them.

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**9. LOSS OF INITIATIVE.** It is normal to lose interest in housework, business activities or social obligations sometimes. But most people regain their initiative. A person with dementia may become passive and disinterested. They may need cues and prompts to become involved.

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**10. CHALLENGES UNDERSTANDING VISUAL AND SPATIAL INFORMATION.** A person with dementia may have problems with vision, depth perception and movement. They might not see objects in their way when walking. Or they might have challenges placing items on a table.

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# Acknowledgements

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*Hamilton*, SE Health Care Provider *Jessica Abraham*,

Bloomington Cove Care Provider *Mona Imenpour*, Bloomington

Cove Care Provider

*Praveena Sivabaalan*, Bloomington Cove Care Provider

*Amande van Amelsfort*, Bloomington Cove Care Provider

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