A little help can make a huge difference

SHARE THE CARE WISCONSIN
Serving those with Memory Loss, Dementia and Alzheimer’s

Friends in your life are like pillars on your porch. Sometimes they hold you up, and sometimes they lean on you. Sometimes it’s just enough to know they’re standing by.

— Ralph Waldo Emerson

Find us on Facebook: Share The Care Wisconsin
Welcome!

We are glad you are interested in learning more about Share The Care Wisconsin. Share The Care will help you begin and/or enrich a care circle based on an already-existing circle of family, friends, neighbors, and other community connections and volunteers. This circle of support will help you remain independent, safe and social in your own home as long as possible.

The Share The Care support circle comes together to coordinate the needs and requests of the person with Alzheimer's or other dementia and their care partner. Each member of the circle identifies what they are most comfortable doing based on the person with dementia or care partner desires.

In the following pages you determine how Share The Care can work for you. You will identify your wants, needs and desires— and also determine who is currently in your care circle and where additional support is needed. A Share The Care coach/leader will be available to walk you through this guide.

You will receive support, guided information and resources from a Share The Care coach or leader.

Your local Share The Care contact:
_______________________________________________  (____) _____-___________

Share the Care Project Coordinator contact:
Joan Litwitz     joan.litwitz@gwaar.org    (608) 228-0713

We would like to keep in touch! Following the introduction to Share The Care Wisconsin, we would like to set up ongoing visits or calls with you to see how you are doing.

I met with/or will meet with a Share The Care Coach/Leader on ______________________(date).

We will continue to keep in contact with each other, our next visits or calls will be on:
2 weeks Date: ____________________ Place: ____________________________________
1 month Date: ____________________ Place: ________________________________
6 weeks Date: ____________________ Place: ________________________________
2 months Date: ____________________ Place: ________________________________

We look forward to seeing you!

“From caring comes courage”

“Impossible situations can become possible miracles.”
The Care Circle calendar is a weekly schedule. It’s an easy plan for scheduling everything that will be desired. The schedule should be completed prior to the upcoming week and distributed to those who are helping. Add all who are coming and going, including formal and informal partners.

<table>
<thead>
<tr>
<th>DATES TIME</th>
<th>10/8</th>
<th>10/9</th>
<th>10/10</th>
<th>10/11</th>
<th>10/12</th>
<th>10/13</th>
<th>10/14</th>
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<tbody>
<tr>
<td></td>
<td><strong>Sunday</strong></td>
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<tr>
<td><strong>6:00 a.m.</strong></td>
<td>Daughter here for weekend</td>
<td>Home care 8:00-830</td>
<td>Senior Center 9:00 Van pick up</td>
<td>Shopping 900 Van pick up</td>
<td>Home care 8:00-8:30</td>
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<td><strong>9:00 a.m.</strong></td>
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<tr>
<td><strong>12:00 p.m.</strong></td>
<td>Church luncheon</td>
<td>Meals on Wheels (MOW)</td>
<td>MOW</td>
<td>Lunch out with friends. Gladys will pick up.</td>
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<td><strong>3:00 p.m.</strong></td>
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<td><strong>6:00 p.m.</strong></td>
<td>Check-in 8:00 Bob, son</td>
<td>Check-in 8:00 June, sister</td>
<td>Check-in 8:00 Marg, neighbor</td>
<td>Check-in 8:00 June, sister</td>
<td>Check-in 8:00 Marg, neighbor</td>
<td>Check-in 8:00 June, sister</td>
<td>Check-in 8:00 Bob, Son</td>
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<td><strong>Overnight</strong></td>
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**Notes:** Sophie enjoys napping around 2:00 pm.

Electronic calendars available online include: **Meal Train** helps organize primary meals; **Lotsa Helping Hands** provides a calendar for a wide range of tasks, including meals, shopping, driving the person to appointments, cleaning, and visiting; and, **eCareDiary** for the primary caregiver and those most involved with the person’s care. The diary can be used to record appointments, home care visits, meals, medication times, etc.
Use this calendar to tell about your week. Write down who comes to your home to visit such as family, friends and neighbors. Also include anyone else who helps you including home care or volunteers. Then, add activities and events you attend outside the home. See the sample calendar on the next page.

<table>
<thead>
<tr>
<th>TIME</th>
<th>Sunday</th>
<th>Monday</th>
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<td>9:00 a.m. 12:00 p.m.</td>
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<td>12:00 p.m. 3:00 p.m.</td>
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<td>3:00 p.m. 6:00 p.m.</td>
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<td>6:00 p.m. Overnight</td>
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</table>

Notes:
WANTS, NEEDS AND DESIRES – IDEAS

Wants, needs, and desires are the person’s wishes. What do you need to remain independent, active, safe, and social in your own home and community? What would you like to see?

| **Companionship** *(visiting, sitting, reading, recording, storytelling, making calls)* | Decorate the house/room, bring DVDs/CDs, write cards or notes and send, have a birthday party, bring flowers, write a poem, “be there”, listen to the radio, get-away night or weekend, make a collage of photos, fill or organize a photo album, visit in hospital if needed, problem solving, write a letter or card, watch a sporting event, listen to or play music, have a party, record anecdotes-gather information, read a book or listen on tape, watch TV or movie, paint a picture, take pictures in general or at special events. |
| **Transportation** *(appointments, shopping, ride, sight-seeing, visit a friend, shopping)* | Appointments in general: eye exam, doctors, dentist, therapy, or other appointments. Go to bkf/lunch/supper or to a coffee shop. Go to the library. Shopping: a new outfit, spring flowers or plants, groceries. Short excursions: sight-seeing, home tours, Holiday lights. |
| **Household Chores** *(cleaning, dishes, dusting, vacuuming, laundry, etc.)* | Do laundry, take out garbage, dust, change the sheets, set clocks, put up new curtains, do the ironing, vacuum the house, clean bird cage, clean cupboards, clean bathroom, organize closet or drawers, clear clutter, clean the cat box or dog yard, feed the animals, take the dog for a walk. |
| **Errands** *(groceries, mail, pick up/drop off, etc.)* | Drop off/pick up library books, water plants, pick up mail from post office or mail box, get stamps, go to dry cleaner, pick up something at the store, make follow-up calls. |
| **Personal Care** *(bathing, dressing, hair, makeup)* | Give pedicure/manicure, give a massage, help with shower or bath, back rub, color hair, find a podiatrist who will make a house call, find a beautician/barber who will make a house call, help with makeup, help with therapy exercises. |
| **Meal Preparation** *(provide meal, assist with meal preparation, baking, cooking)* | Cook dinner, bake a cake or cookies, make a favorite dessert, plan a menu, look at favorite recipes and make something, prepare meals for week. |
| **Social/Community Outings** *(movie, play, park, visit friends, groups)* | Take a person for a Sunday drive, go fishing, go to a book reading, go to a concert in the park, attend a play, go to a movie, go to a birthday party, go to a museum or art gallery. |
| **Spiritual Needs** *(communion, pastor visit, parish nurse, scripture reading, church, bible study)* | Read scripture. Attend or host a Bible study. Listen to hymns. Arrange for or provide communion. Attend with or provide a ride to church. Go to church picnic. |
| **Yard/Property Management** *(seasonal work or household repair)* | Rake the lawn, prune, weed garden, change a light bulb, shovel snow – sidewalk or roof, house sit, program the TV/remote, set up computer or other electronics, walk around the property and look for safety concerns, walk dog, pet sit. |
| **Bookkeeping Assistance** | Pay bills, balance checkbook, contact bank representative, find someone to do taxes, organize and file. |
| **Other** | Find a personal care worker or home care. Provide a get-away for care partner. |
### WANTS, NEEDS AND DESIRES

Wants, needs and desires are the person’s wishes. What do you need to remain independent, active, safe and social in your own home and community? What would you like to see?

<table>
<thead>
<tr>
<th>TASK</th>
<th>DETAILS – Person with Alzheimer’s or other dementia</th>
<th>DETAILS – Care Partner or other</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Companionship</strong>&lt;br&gt;(visiting, sitting, reading, recording, storytelling, making calls)</td>
<td></td>
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<tr>
<td><strong>Transportation</strong>&lt;br&gt;(appointments, shopping, ride, sightseeing, visit a friend, shopping)</td>
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<tr>
<td><strong>Household Chores</strong>&lt;br&gt;(cleaning, dishes, dusting, vacuuming, laundry, etc.)</td>
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<tr>
<td><strong>Errands</strong>&lt;br&gt;(groceries, mail, pay bills, pick up/drop off, etc.)</td>
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<tr>
<td><strong>Personal Care</strong>&lt;br&gt;(bathing, dressing, hair, makeup)</td>
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<tr>
<td><strong>Meal Preparation</strong>&lt;br&gt;(provide meal, assist with meal preparation, baking, cooking)</td>
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<tr>
<td><strong>Spiritual Needs</strong>&lt;br&gt;(communion, pastor visit, parish nurse, scripture reading, church, bible study)</td>
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<tr>
<td><strong>Yard/Property Management</strong>&lt;br&gt;(seasonal work; raking, shoveling, plowing, pruning, weeding, household repair)</td>
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<tr>
<td><strong>Other</strong></td>
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</table>
CARE CIRCLE

Who is in your support circle?

Finding the People Who Care
FINDING THE PEOPLE FOR YOUR CARE CIRCLE

The following list will help you find the people for your unique support team group. While you go through the list, you will find that there are many people who care including people you currently know and people you knew in the past. Even if there are people on the list that don’t apply, the list is sure to spark additional ideas.

**Family**
- Spouse
- Children
- Grandchildren
- Siblings
- Aunts/Uncles
- Nieces/Nephews
- Family at a distance
- Extended family/In Laws

**Friends**
- Family friends
- Long distance friends
- Church friends
- Friends from community or senior center
- Support group
- Friends from health club; swimming, golf, exercise
- Club friends; card, cooking, book, sport, etc.
- Former schoolmates
- Seasonal friends
- Colleagues; past and present
- Friends from armed forces
- Local business/merchant friends

**Neighbors**
- Current neighbors
- Former neighbors

**Community**
- Business organizations
- Service clubs; Lions, Rotary, Elks, etc.
- Retired professionals
- Youth groups
- Auxiliary
- Volunteer organization
How good are you at asking for help? Choose the answer that best fits your situation.

1. Do you talk to your close friends and family and share with them when you have any difficulties in your life?
   - □ I talk their ears off daily.
   - □ I often share with friends and family.
   - □ I only bring something up if it’s very important.
   - □ I am a private person and don’t share many details with friends and family.

2. Do you often feel like you have more to do in a day than is possible?
   - □ I never have enough time to get things done.
   - □ I am very busy but seem to manage.
   - □ I have a good balance with my time.
   - □ I have great balance with time to relax built in.

3. In the past week, how many times have you asked someone to help you with even a small task?
   - □ Not at all.
   - □ A few times.
   - □ Several times.
   - □ 15 or more times.

4. When you do ask for help, how does it make you feel?
   - □ Relieved, like a weight has been lifted.
   - □ Good, like I have accomplished something.
   - □ Nervous if the person will actually be able to help me.
   - □ Guilty for asking.

5. Out of the following options, what is the most important to you?
   - □ Feeling in control.
   - □ Feeling stress-free.
   - □ Getting everything done.
   - □ Being liked and appreciated.

It’s not always easy to ask for help, even when you desperately need it. Perhaps you’re afraid to impose on others or worried that your request will be resented or rejected. Choose the answer that best fits your situation (check all that apply).

   - □ You should be able to do everything yourself; it’s your responsibility.
   - □ It’s not all right to leave the person you care for with someone else.
   - □ No one will help even if you ask. They say they will help, but never do.
   - □ You don’t have the money to pay someone to watch the person for an hour or two.
   - □ You feel guilt or shame for not being able to take care of everything yourself.
   - □ You don’t feel motivated to ask for help.
   - □ You don’t feel comfortable communicating your feelings.
   - □ You’re a private person and don’t want others in your home. You don’t want anyone to know your business.
   - □ They offered but never called back.
   - □ Other feeling or reason that keeps you from asking for help: ________________________________
ASKING FAMILY AND FRIENDS FOR HELP

You may be uncomfortable or need to overcome some of your fears but if you simply make your needs known, you may be pleasantly surprised by the willingness of others to pitch in. Many times friends and family members want to help, but don't know how. If you have trouble asking for help, try using some of the tips below:

Make it easier:

- You have permission – it’s okay to ask for help from family, friends, and others. You don’t have to do everything yourself.
- Set aside one-on-one time to talk to the person. Ask the person if they’d like to help and if so, in what way. Start a conversation. Use Family Friends Neighbors Info sheet.
- Go over the list of Needs, Wants and Desires list previously completed.
- Point out areas in which they might be able to help out (maybe your brother is good at Internet research or your friend is a financial whiz). Again, use Family Friends Neighbors Info sheet.
- Make sure the person understands what would be most helpful to both you and the caregiving recipient; be specific. Review the Care Circle Calendar.

Let’s practice – think of this as an experiment!

1. Make a list of what you need help with. Use your Needs, Wants and Desires list including particular errands, the laundry, some cooking, walking the dog, changing a light bulb, maybe even a shoulder to cry on.

2. Write down the names of friends and relatives who have offered to help (even if their offer was made quite a while ago) or people from your Care Support Circle list.

3. From what you know, match people with tasks based on their interests, their strengths, their time flexibility and your comfort level with them, given the intimacy of the particular task. You can use the Family Friends Neighbors Info sheet.

4. Pick just one thing off the list and contact the person you’ve chosen. Be direct. So, instead of saying, "If I only knew someone who could take this coat to the cleaners," ask outright: "Can you take this coat to the cleaners for me? I'm not well enough to go out."

Here are the steps to “Asking for Help”

1. Look at the person. 2. Ask the person if he or she has time to help you.
3. Clearly explain the kind of help that you need. 4. Thank the person for helping!

On the following page, an information form will help organize those in your care circle. They will be able to choose when, how often and what they can help you with. Ask them fill out the Family Friends Neighbors Information sheet. It will also provide you with their contact information.
Family Friends Neighbors Info Sheet

Share your TIME, TALENTS and LIMITS including your STRENGTHS AND WEAKNESSES. In your own words, tell us about what you like to do, don't want to do and your availability.

Name:
Address
Home Phone:
Cell Phone:
Email:
How would you like to be contacted:

Occupation (current/previous):

Special skills and hobbies:

I am truly great at:

I prefer not to do:

Can you participate as a Share The Care member?

☐ YES  ☐ NO, not at this time  ☐ Available to be a “free-floater”

<table>
<thead>
<tr>
<th>TIME</th>
<th>SUNDAY</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
<th>SATURDAY</th>
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<tbody>
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Other (specific dates):
Family and friends also use an address book, phone book or notebook. We encourage you to use what is most comfortable and what you are used to. Contacts should include name, relationship, address, phone and email.

The Yellow Pages is a place where you can list the contact information for your family, friends and neighbors if needed.

<table>
<thead>
<tr>
<th>NAME</th>
<th>RELATIONSHIP</th>
<th>ADDRESS/PHONE/EMAIL</th>
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</table>
### Observation

<table>
<thead>
<tr>
<th>General Home Safety:</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to all areas; able to enter or exit your residence in an emergency. Path is clear.</td>
<td></td>
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<tr>
<td>Smoke or carbon monoxide detectors.</td>
<td></td>
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<tr>
<td>Safety plan. Simple written instructions.</td>
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<tr>
<td>Emergency number posted. 911</td>
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<tr>
<td>Stairs and hand rails. In good repair. Clear path.</td>
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<tr>
<td>Windows and doors. In good repair.</td>
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<tr>
<td>Secure rugs.</td>
<td></td>
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<tr>
<td>Non-slippery floors.</td>
<td></td>
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<tr>
<td>Furniture in good repair.</td>
<td></td>
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<tr>
<td>Appliances in good repair.</td>
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<tr>
<td>Accessible washer/dryer.</td>
<td></td>
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<tr>
<td>Heat</td>
<td></td>
</tr>
<tr>
<td>Furnace in good repair.</td>
<td></td>
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<tr>
<td>Wood burning heat. Is wood supply enough?</td>
<td></td>
</tr>
<tr>
<td>Lighting and pathways in all areas;</td>
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</tr>
<tr>
<td>Front/back yard, walkway</td>
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<tr>
<td>Garage</td>
<td></td>
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<tr>
<td>Entrance</td>
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<tr>
<td>Halls and stairs; upstairs, main level</td>
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</tr>
<tr>
<td>Kitchen</td>
<td></td>
</tr>
<tr>
<td>Living room; clear path, no clutter or cords</td>
<td></td>
</tr>
<tr>
<td>Dining room; clear path, no clutter or cords</td>
<td></td>
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<tr>
<td>Bathroom(s); clear path</td>
<td></td>
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<tr>
<td>Bedroom(s); clear path</td>
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<tr>
<td>Hazards:</td>
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<tr>
<td>Medications: labeled and secure.</td>
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<tr>
<td>Need for medication management.</td>
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<tr>
<td>Cleaners or other toxins. Need to be removed or locked.</td>
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<tr>
<td>Firearms/ammunition or other weapons. Remove or lock.</td>
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<tr>
<td>Equipment; power tools, lawn equipment, etc. Secure.</td>
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<tr>
<td>Water; temperature and pressure.</td>
<td></td>
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<tr>
<td>Smoking habits. Light and extinguish properly.</td>
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</tr>
<tr>
<td>Cooking; Able to use appliances. Stove, oven, microwave, sink, dishwasher, other.</td>
<td></td>
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<tr>
<td>Food storage; outdated food, covered, etc.</td>
<td></td>
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</tbody>
</table>

Where is the emergency contact information located in the home?
**INDEPENDENT, SAFE AND SOCIAL**

<table>
<thead>
<tr>
<th><strong>Personal Safety and Independence:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Comfortable walking indoors and outdoors; recent falls, dizziness, lightheaded, balance/steady on feet, stairs.</td>
</tr>
<tr>
<td>- Yard work; mowing, shoveling, gardening, sweeping, etc.</td>
</tr>
<tr>
<td>- Home/auto maintenance; repairs.</td>
</tr>
<tr>
<td>- Driving; availability to keys, getting lost, car accidents.</td>
</tr>
<tr>
<td>- Able to get in and out of car, van, bus as a passenger.</td>
</tr>
<tr>
<td>- Getting lost in community.</td>
</tr>
<tr>
<td>- Leaving home at unusual times for no apparent reason.</td>
</tr>
<tr>
<td>- Manage money. Difficulty using money or credit card.</td>
</tr>
<tr>
<td>- Able to get in/out of bathroom. On/off toilet.</td>
</tr>
<tr>
<td>- Grooming; Wash hands and face. Brush teeth. Shave. Comb or style hair.</td>
</tr>
<tr>
<td>- Able to get in/out of bath or shower. Set temperature.</td>
</tr>
<tr>
<td>- Getting dressed; sequence, buttons, zippers, shoes, etc.</td>
</tr>
<tr>
<td>- Eats healthy. Habits. Able to lift utensils, glass or cup, cut meat, etc. Chewing or swallowing difficulties.</td>
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</tbody>
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<table>
<thead>
<tr>
<th><strong>Personal Communication and Memory:</strong></th>
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</thead>
<tbody>
<tr>
<td>- Senses; vision and hearing. Glasses, hearing aids.</td>
</tr>
<tr>
<td>- Able to express needs and/or concerns effectively.</td>
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<tr>
<td>- Ability to read and write.</td>
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<tr>
<td>- Difficulty with day, date, time.</td>
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<tr>
<td>- Process information. Follow instructions.</td>
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<tr>
<td>- Use of telephone or cell phone. Answer or call out.</td>
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<tr>
<th><strong>Community and Social Activity:</strong></th>
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<tbody>
<tr>
<td>- Change in mood or behavior. Concerns of depression. Lack of initiative. Staying at home more often.</td>
</tr>
<tr>
<td>- Family activities; spouse, children, grandchildren.</td>
</tr>
<tr>
<td>- Not engaging in community activities; cards, coffee group, church, service club meetings, exercise group, ladies or men’s meetings, support group, plays, movies, etc.</td>
</tr>
<tr>
<td>- Lack of interest in usual physical activities or hobbies; walking, golf, woodworking, crafts, knitting, gardening, etc.</td>
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| **Other observations:** |
Assistive technology refers to devices or systems that support a person to maintain or improve their independence, safety, and well-being. This technology can be used in a variety of ways and for a variety of purposes. It can support people in carrying out everyday tasks and activities, enhance a person's safety, support their social participation, and monitor their health. Care partners may find it offers them support and reassurance as well. There are many different technologies that can be adapted or designed to meet the needs of someone with dementia.

This section gives an overview of some possible technologies, devices and services available:

Daily living devices help someone who has difficulties with memory loss, orientation or communication that are affecting their daily life.

- **Clocks and calendars.** Calendar clocks can be helpful for people who lose track of which day it is. Some clocks also show clearly whether it is morning or evening. These can help prevent people getting confused about the time, particularly in the light summer evenings.
- **Medication aids.** Simple boxes for pills have separate compartments for days of the week and times of day. Some can be pre-filled by a pharmacist and locked. When the medication needs to be taken, the dispenser sets off an alarm and the right compartment opens, allowing the person to access their medication. There are also devices that can send an alert to a friend or relative to notify them if the medication hasn't been taken.
- **Location devices and solutions.** These can be used to help someone find things they regularly misplace, such as keys or a wallet. A small electronic tag is attached to each item. They may be more helpful for the care partner.
- **Communication aids.** These can support people with dementia to stay in touch with others. The most common type of devices is adapted telephones. These can be pre-programmed with frequently used numbers with photo identity. Another option is video chat, where people talk to and see each other via a computer, tablet, or smartphone. For a person who has problems with speech, communicating using cards that combine pictures and text may help. Someone caring for the person might use these cue cards to offer different options for an activity, for example. The person would then point or nod to choose the one they want.

Safety is a big concern for people with dementia and their care partners, especially if the person lives alone. Technology that supports someone to remain safe can help them to stay living at home longer. Technology designed to support a person's safety includes the following:

- **Automatic lights** that come on when the person is moving around. They can help to prevent trips and falls.
- **Automated shut-off devices** that can stop the gas supply if the gas has been left on or turn off a cooker if it's been left on. Water isolation devices that can turn off a tap if it's left running, preventing flooding.
- **Special plugs** that allow users to choose a certain water depth in a sink or bath. They can also include a heat sensor that changes the color of the plug when it reaches a certain temperature.
- **Fall or movement sensors** that can register or alert if a person has fallen or is moving.
- **Telephone blockers** that can be used to stop nuisance calls.

Walking can have both positive physical and psychological benefits. However, at times walking presents risks, such as the person getting lost or leaving the house during the night when they are not appropriately dressed. Safe walking technology can enable some people with dementia to have greater freedom and independence, which can ultimately reduce the use of unpleasant solutions such as drugs and physical restraints.
Types of safer walking devices include:

- An alarm system. This provides an alert when someone has moved outside a set boundary (e.g. the front garden).
- Location-monitoring services. These use satellite or mobile phone technology to locate and track the person. The types of devices include watch-based devices, smartphone apps, key rings and pendants. These are generally used when there is a particular risk of the person getting lost or going missing.

Devices can support engagement, social participation and leisure as well. Assistive technology has traditionally been used to help people with dementia remain safe and continue with everyday activities. It is increasingly being used to support a person's social life and provide opportunities for activities and enjoyment. This can help them to maintain their relationships, skills, and well-being. Opportunities for enjoyable activities are important for supporting the well-being of a person with dementia. These can include reminiscence, creative activities (e.g. music), video calling, and life story work. Types of assistive technology that could be used for leisure include:

- Digital photo frames. These can be programmed to show a slide show of photographs and may help support conversation with others.
- Puzzles and games.
- Sensory stimulation. Devices that use touch, sound and light (e.g. sensory cushion).
- Electronic games and apps (e.g. video-sharing app to support discussion about the past).
- Mental stimulation (e.g. brain training devices).
- Easy to use equipment (e.g. music players and radios).

There is no one-size-fits-all approach to choosing assistive technology; what works for one person may not work for another. It is important to make sure the technology is supporting the person and not restricting them. It is also a good idea to look at the person's living space and see if there are adaptations to the environment that may help (e.g. making sure there are good lighting levels and removing trip hazards).

When choosing assistive technology, some things to consider include:

- Whether there is definitely a need for assistive technology, or whether there is another solution.
- The degree of memory loss and types of difficulties the person has.
- The person's needs, preferences, and ability to use devices, and how these might change over time.
- Whether the person has any other conditions that may affect how they use the technology (e.g. poor sight or hearing).
- The level of support the person can rely on.
- How well the technology will fit in with the person's usual routines.
- Whether the technology requires a phone line or internet access.
- The cost of the technology; some devices are expensive.

It is important that assistive technology is always used for the right reasons. It should be primarily for the benefit of the person with dementia - to enhance their independence, safety, and daily living. In practice it will often benefit the care partner but it is important that the person's needs are put first. It is also important that they are clear about the purpose of the technology and how they might benefit from it.

Take the time to review the Independent, Safe and Social checklist on the following pages to determine your safety and social needs that could help you remain independent in your home. Your Share The Care contact (refer to page 2) can help you with determining some possible assistive technologies to assist you and your loved one.
Personal Facts and Insights

Each of us has a unique personal history. The Personal Facts and Insights form helps you capture what is most important to share with others in your life. A form for family and friends of people with dementia to record personal facts and preferences of their loved one.

Name: ________________________________________________________________

Preferred Name: ______________________________________________________

Primary Language: _____________________________________________________

Family/Friends

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Partner

Spouse/Partner Name:

Children: (Specify name, age, name of spouse if married, city of residence, and if deceased)

Grandchildren: (Name, age, name of spouse if married, city of residence, and if deceased)

Brothers and Sisters: (Name, age, name of spouse if married, city of residence, and if deceased)

Significant others and Friends: (Name, age, name of spouse if married, city of residence and if deceased)

Of all the family and friends, who visits most often? How often?

Communication

Preferences:
☐ Being alone  ☐ Spending time with one or two friends/family
☐ Being with a lot of people

What communication styles work best? (short sentences, simple words, touch, gestures)
Hard of hearing? Needs extra time to respond?
Level of Cognition

Do you or does the person you are caring for have problems with any of the following? Please check the answer:

1. Repeating or asking the same thing over and over?
   - Not at all
   - Sometimes
   - Frequently
   - Does not apply

2. Remembering appointments, family occasions, holidays?
   - Not at all
   - Sometimes
   - Frequently
   - Does not apply

3. Writing checks, paying bills, balancing the checkbook?
   - Not at all
   - Sometimes
   - Frequently
   - Does not apply

4. Shopping independently (e.g. for clothing or groceries)?
   - Not at all
   - Sometimes
   - Frequently
   - Does not apply

5. Taking medications according to the instructions?
   - Not at all
   - Sometimes
   - Frequently
   - Does not apply

6. Getting lost while walking or driving in familiar places?
   - Not at all
   - Sometimes
   - Frequently
   - Does not apply

Personality and Temperament

Describe personality and temperament (quiet, moody, anxious, outgoing)

What, if anything, is irritating or upsetting?

What, if anything, is frightening?

What is calming?

What is valued or appreciated?
**Daily Routine**

Describe a typical day:

Any established routines, such as having coffee and newspaper in the morning?

List favorite activities or hobbies:

Likes:

Dislikes:

**Religion and Spirituality**

Religious or spiritual background or beliefs:

Name of synagogue, church, mosque (if currently a member) include address and phone:

Who, if anyone, should be contacted for religious or spiritual support?
Daily Needs

Bathing
How is the bath taken?  ☐ Shower  ☐ Bath  ☐ Sponge

How often?  ☐ Daily  ☐ Weekly  ☐ Other

At what time of day?  ☐ Morning  ☐ Afternoon  ☐ Evening

Are there any devices used?  ☐ Shower chair  ☐ Hand rails  ☐ Shower hose  ☐ Other

Describe the steps involved in bathing (soaps, shampoos used, other supplies, who does the washing, room temp, room set up):

Grooming

Which of the following are used or worn?
☐ Electric shaver  ☐ Razor  ☐ Eyeglasses  ☐ Hearing aid  ☐ Denture  ☐ Wig
☐ Make up

Describe the steps for grooming such as shaving, brushing teeth, applying makeup, etc., right or left handed, require assistance? How much?

Toileting

What words or phrases are used for going to the bathroom?

What is the natural schedule for using the bathroom (time of day, frequency)?

Is there control of bowel? Bladder?

Are disposable briefs used? Undergarments? Pads?

Describe the steps in using the bathroom (reminding, unfastening and fastening clothes, finding bathroom, locating toilet bowl, wiping, amount of help needed):
Dressing and Undressing

Describe the steps for getting dressed and undressed (order of clothing, laying out clothes, favorite clothing, sleep wear, what is done without help, etc.):

Eating

What is used for eating?  
- ❑ Fork  ❑ Spoon  ❑ Knife  ❑ Hands

Comments:

Are there special dietary needs (include information such as low fat, low cholesterol, low sodium, diabetic, pureed foods, supplements):

Food allergies:

Favorite foods/snacks:

Strong dislikes:

Is there difficulty swallowing certain foods or liquids? (List and describe)

Describe the steps involved in eating (special words used to eat, mealtime schedule, possible distractions, where meals are served, table set-up, amount of help needed, etc.):
**Walking/Mobility**

What walking aids are used?  
- ☐ Walker  
- ☐ Cane  
- ☐ Wheelchair  
- ☐ None

Describe the type of assistance/supervision needed for walking (assistance from another person, how far without tiring, difficulty with stairs or changes in flooring, steadiness, etc.):

**Sleeping Habits**

Wake up time __________  
Bedtime __________

Naps _______________________________________________________

Any difficulty sleeping? What helps? Bedtime routine?

Sleep partner?

**Sexuality**

Sexual orientation:

Describe current sexual practice (include if sexually active, type and frequency of sexual activity, sexual partner, assistive devices):
**Personal History**

Date of Birth: _________________  Place of Birth: _________________

Describe childhood including birthplace, parents and grandparents, brothers and sisters, early education, family pets, best friends, favorite activities:

Describe adolescence including your high school, favorite classes, friends, interests, hobbies, sports, your first job:

Describe adult life such as college and work, family life, clubs or community involvement, first home, military service, hobbies, life achievements, accomplishments, travel:

Describe any significant life event – good or bad:

Other:

*This tool was developed for the Chronic Care Networks for Alzheimer’s Disease (CCN/AD) project and is the joint property of the Alzheimer’s Association and the National Chronic Care Consortium.*
Caring for Yourself

Taking care of yourself is one of the most important things you can do as a caregiver. This could mean asking family members or friends to help out, doing things you enjoy, using adult day care services, or getting help from a local home health care agency. Taking these actions can bring you some relief. It also may help keep you from getting ill or depressed.

Here are some ways you can take care of yourself:

• Ask for help when you need it.
• Join a caregivers’ support group.
• Take breaks each day.
• Spend time with friends.
• Keep up with your hobbies and interests.
• Eat healthy foods.
• Get exercise as often as you can.
• See your doctor on a regular basis.
• Keep your health, legal, and financial information up-to-date.

It’s Okay to Ask for Help

Many caregivers find it hard to ask for help. They feel like they should do everything themselves, or that no one will help even if they ask. They may think it’s not right to leave the person with Alzheimer’s disease with someone else. Maybe they cannot afford to pay someone to watch the person for an hour or two.

It’s okay to ask for help from family and friends. You don’t have to do everything yourself. If you have trouble asking for help, try these tips:

• Ask people to help out in specific ways like making a meal, visiting the person with Alzheimer’s, or taking the person out for a short time.
• Join a support group to share advice and understanding with other caregivers. These groups meet in person or online. Ask the person’s doctor, check online, or look in the phone book for a local Alzheimer’s organization.
• Call for help from home health care or adult day care services when you need it. To find providers in your area, contact Eldercare Locator at 1-800-677-1116 or www.eldercare.gov.
• Use national and local resources to find out how to pay for some of this help. To learn more about government benefits, see www.nia.nih.gov/alzheimers/publication/when-you-need-help/getting-help-caregiving.

If you are a veteran or caring for one, the U.S. Department of Veterans Affairs (VA) might be of help to you. To learn more, visit the VA caregivers’ website at www.caregiver.va.gov or call toll-free at 1-855-260-3274.

Your Emotional Health

You may be busy caring for the person with Alzheimer’s disease and don’t take time to think about your emotional health. But, you need to. Caring for a person with Alzheimer’s takes a lot of time and effort. Sometimes, you may feel discouraged, sad, lonely, frustrated, confused, or angry. These feelings are normal.

Here are some things you can say to yourself that might help you feel better:
• I’m doing the best I can.
• What I’m doing would be hard for anyone.
• I’m not perfect, but that’s okay.
• I can’t control some things that happen.
• Sometimes, I just need to do what works for right now.
• Even when I do everything I can think of, the person with Alzheimer’s disease will still have problem behaviors because of the illness, not because of what I do.
• I will enjoy the moments when we can be together in peace.
• I will try to get help from a counselor if caregiving becomes too much for me.

Meeting Your Spiritual Needs

As the caregiver of a person with Alzheimer’s, you may need more spiritual resources than others do. Meeting your spiritual needs can help you cope better as a caregiver and find a sense of balance and peace. Some people like to be involved with others as part of a faith community, such as a church, temple, or mosque. For others, simply having a sense that larger forces are at work in the world helps meet their spiritual needs.
Communication is hard for people with Alzheimer’s disease because they have trouble remembering things. They may struggle to find words or forget what they want to say. You may feel impatient and wish they could just say what they want, but they can’t.

The person with Alzheimer’s may have problems with:

- Finding the right word or losing his or her train of thought when speaking
- Understanding what words mean
- Paying attention during long conversations
- Remembering the steps in common activities, such as cooking a meal, paying bills, or getting dressed
- Blocking out background noises from the radio, TV, or conversations
- Frustration if communication isn’t working
- Being very sensitive to touch and to the tone and loudness of voices

**Help Make Communication Easier**

The first step is to understand that the disease causes changes in communication skills. The second step is to try some tips that may make communication easier:

- Make eye contact and call the person by name.
- Be aware of your tone, how loud your voice is, how you look at the person, and your body language.
- Encourage a two-way conversation for as long as possible.
- Use other methods besides speaking, such as gentle touching.
- Try distracting the person if communication creates problems.

To encourage the person to communicate with you:

- Show a warm, loving, matter-of-fact manner.
- Hold the person’s hand while you talk.
• Be open to the person’s concerns, even if he or she is hard to understand.
• Let him or her make some decisions and stay involved.
• Be patient with angry outbursts. Remember, it’s the illness “talking.”

To speak effectively with a person who has Alzheimer’s:

• Offer simple, step-by-step instructions.
• Repeat instructions and allow more time for a response. Try not to interrupt.
• Don’t talk about the person as if he or she isn’t there.
• Don’t talk to the person using “baby talk” or a “baby voice.”

Be Direct, Specific, and Positive

Here are some examples of what you can say:

• “Let’s try this way,” instead of pointing out mistakes.
• “Please do this,” instead of “Don’t do this.”
• “Thanks for helping,” even if the results aren’t perfect.

You also can:

• Ask questions that require a yes or no answer. For example, you could say, “Are you tired?” instead of “How do you feel?”
• Limit the number of choices. For example, you could say, “Would you like a hamburger or chicken for dinner?” instead of “What would you like for dinner?”
• Use different words if he or she doesn’t understand the first time. For example, if you ask the person whether he or she is hungry and you don’t get a response, you could say, “Dinner is ready now. Let’s eat.”
• Try not to say, “Don’t you remember?” or “I told you.”

If you become frustrated, take a timeout for yourself.

For more caregiving tips and other resources:

• Read “Caring for a Person with Alzheimer’s Disease”: www.nia.nih.gov/alzheimers/publication/caring-person-alzheimers-disease
• Visit www.nia.nih.gov/alzheimers/topics/caregiving
• Call the ADEAR Center toll-free: 1-800-438-4380

The Alzheimer’s Disease Education and Referral (ADEAR) Center is a service of the National Institute on Aging, part of the National Institutes of Health. The Center offers information and publications for families, caregivers, and professionals about Alzheimer’s disease and age-related cognitive changes.

July 2012
Over time, people with Alzheimer’s disease become less able to manage around the house. As a caregiver, you can do many things to make the person’s home a safer place. Think prevention—help avoid accidents by controlling possible problems.

While some Alzheimer’s behaviors can be managed medically, many, such as wandering and agitation, cannot. It is more effective to change the person’s surroundings—for example, to remove dangerous items—than to try to change behaviors. Changing the home environment can give the person more freedom to move around independently and safely.

**Basic Safety for Every Room**

Add the following items to the person’s home if they are not already in place:

- Smoke and carbon monoxide detectors in or near the kitchen and in all bedrooms
- Emergency phone numbers and the person’s address near all phones
- Safety knobs and an automatic shut-off switch on the stove
- Childproof plugs for unused electrical outlets and childproof latches on cabinet doors

You can buy home safety products at stores carrying hardware, electronics, medical supplies, and children’s items.

Lock up or remove these potentially dangerous items from the home:

- Medicines
- Alcohol
- Cleaning and household products, such as paint thinner and matches
- Poisonous plants—contact the National Poison Control Center at 1-800-222-1222 or [www.poison.org](http://www.poison.org) to find out which houseplants are poisonous.
- Guns and other weapons, scissors, knives, power tools, and machinery
- Gasoline cans and other dangerous items in the garage

**Moving Around the House**

Try these tips to prevent falls and injuries:

- Simplify the home. Too much furniture can make it hard to move around freely.
- Get rid of clutter, such as piles of newspapers and magazines.
- Have a sturdy handrail on stairways.
- Put carpet on stairs, or mark the edges of steps with brightly colored tape so the person can see them more easily.
• Put a gate across the stairs if the person has balance problems.
• Remove small throw rugs. Use rugs with nonskid backing instead.
• Make sure cords to electrical outlets are out of the way or tacked to baseboards.
• Clean up spills right away.

Make sure the person with Alzheimer’s has good floor traction for walking. To make floors less slippery, leave floors unpolished or install nonskid strips. Shoes and slippers with good traction also help the person move around safely.

Minimize Danger

People with Alzheimer’s disease may not see, smell, touch, hear, and/or taste things as they used to. You can do things around the house to make life safer and easier for the person. For example:

• Check all rooms for adequate lighting. Use nightlights in bathrooms, bedrooms, and hallways.
• Be careful about small pets. The person may not see the pet and trip over it.
• Reset the water heater to 120 degrees Fahrenheit to prevent burns.
• Label hot-water faucets red and cold-water faucets blue, or write the words “hot” and “cold” near them.
• Install grab bars in the tub/shower and beside the toilet.
• Put signs near the oven, toaster, and other things that get hot. The sign could say, “Stop!” or “Don’t Touch—Very Hot!”

You can also try these tips:

• Check foods in the refrigerator often. Throw out any that have gone bad.
• Put away or lock up things like toothpaste, lotions, shampoos, rubbing alcohol, soap, or perfume. They may look and smell like food to a person with Alzheimer’s.
• If the person wears a hearing aid, check the batteries and settings often.

You may want to re-evaluate the safety of the person’s home as behavior and abilities change.


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For more caregiving tips and other resources:

• Read “Caring for a Person with Alzheimer’s Disease”: www.nia.nih.gov/alzheimers/publication/caring-person-alzheimers-disease
• Visit www.nia.nih.gov/alzheimers/topics/caregiving
• Call the ADEAR Center toll-free: 1-800-438-4380

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The Alzheimer’s Disease Education and Referral (ADEAR) Center is a service of the National Institute on Aging, part of the National Institutes of Health. The Center offers information and publications for families, caregivers, and professionals about Alzheimer’s disease and age-related cognitive changes.
People with Alzheimer's disease need to be active and do things they enjoy. However, it’s not easy for them to plan their days and do different tasks. They may have trouble deciding what to do each day or getting started with a task or activity. Caregivers can help.

**Activity Planning**

Plan activities that the person with Alzheimer's enjoys in your daily routine, and try to do them at a similar time each day. He or she can be a part of the activity or just watch. Here are things you can do to help the person enjoy the activity:

- Match the activity with what the person with Alzheimer’s can do.
- Choose activities that can be fun for everyone.
- Help the person get started.
- Decide if he or she can do the activity alone or needs help.
- Watch to see if the person gets frustrated.
- Make sure he or she feels successful and has fun.
- Let him or her watch if that is more enjoyable.

**Try These Activities**

The person with Alzheimer’s disease can do different activities each day. This keeps the day interesting and fun. Here are some daily activities people with Alzheimer’s may enjoy:

- **Household chores:** Wash dishes, set the table, prepare food, sweep the floor, dust, sort mail and clip coupons, sort socks and fold laundry, sort recycling materials or other things.
- **Cooking and baking:** Decide what is needed to prepare the dish; measure, mix, and pour; tell someone else how to prepare a recipe; watch others prepare food.
• **Exercise:** Take a walk together, watch exercise videos/DVDs or TV programs made for older people, use a stationary bike, use stretching bands, throw a soft ball or balloon back and forth, lift weights or household items such as soup cans.

• **Music and dancing:** Play music; talk about the music and the singer, ask what the person with Alzheimer’s was doing when the song was popular, sing or dance to well-known songs, attend a concert or musical program.

• **Pets:** Feed, groom, walk, sit and hold a pet.

• **Gardening:** Take care of indoor or outdoor plants, plant flowers and vegetables, water the plants when needed, go to school events, talk about how much the plants are growing.

• **Visiting with children:** Play a simple board game, read stories or books, visit family members who have small children, walk in the park or around schoolyards, go to school events, talk about fond memories from childhood.

• **Going out:** Remember to plan outings for the time of day when the person is at his or her best, and keep outings from becoming too long. Go to a favorite restaurant, park, shopping mall, or museum.

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**For more caregiving tips and other resources:**


• **Visit** [www.nia.nih.gov/alzheimers/topics/caregiving](http://www.nia.nih.gov/alzheimers/topics/caregiving)

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July 2012
Being active and getting exercise helps people with Alzheimer’s disease feel better. Exercise helps keep their muscles, joints, and heart in good shape. It also helps people stay at a healthy weight and have regular toilet and sleep habits. You can exercise together to make it more fun.

You want someone with Alzheimer’s to do as much as possible for himself or herself. At the same time, you need to make sure that the person is safe when active.

**Getting Started**

Here are some tips for helping the person with Alzheimer’s disease stay active:

- Be realistic about how much activity can be done at one time. Several 10-minute “mini-workouts” may be best.

- Take a walk together each day. Exercise is good for caregivers, too!

- Make sure the person with Alzheimer’s disease has an ID bracelet with your phone number if he or she walks alone.

- Check your local TV guide to see if there is a program to help older adults exercise, or watch exercise videos/DVDs made for older people.

- Add music to the exercises if it helps the person with Alzheimer’s disease. Dance to the music if possible.

- Break exercises into simple, easy-to-follow steps.

- Make sure the person wears comfortable clothes and shoes that fit well and are made for exercise.

- Make sure he or she drinks water or juice after exercise.

For more information about exercise and physical activity for older adults, visit [www.nia.nih.gov/Go4Life](http://www.nia.nih.gov/Go4Life).
Gentle Exercise

Some people with Alzheimer’s may not be able to get around well. This is another problem that becomes more challenging to deal with as the disease gets worse. Some possible reasons for this include:

- Trouble with endurance
- Poor coordination
- Sore feet or muscles
- Illness
- Depression or general lack of interest

Even if people have trouble walking, they may be able to:

- Do simple tasks around the home, such as sweeping and dusting.
- Use a stationary bike.
- Use soft rubber exercise balls or balloons for stretching or throwing back and forth.
- Use stretching bands, which you can buy in sporting goods stores. Be sure to follow the instructions.
- Lift weights or household items such as soup cans.

For more caregiving tips and other resources:

- **Visit** [www.nia.nih.gov/alzheimers/topics/caregiving](http://www.nia.nih.gov/alzheimers/topics/caregiving)
- **Call** the ADEAR Center toll-free: 1-800-438-4380
Connecting You with Supports and Services

Aging and Disability Resource Centers are the first place to go with your aging and disability questions. ADRCs are “information stations” offering the general public a single source for information and assistance on issues affecting older people and people with disabilities regardless of their income. These centers are welcoming and convenient locations for you and your family to get information, advice, and access to a wide variety of services. For more information, visit: www.dhs.wisconsin.gov/adrc/consumer/index

Greater Wisconsin Agency on Aging Resources, Inc., is a nonprofit agency committed to supporting the successful delivery of aging programs and services in 70 counties and 11 tribes in Wisconsin.

For more information, visit: www.gwaar.org info@gwaar.org (608) 813-0974

The Alzheimer's Association is the leading voluntary health organization in Alzheimer's care, support and research. Local chapters across Wisconsin providing services within each community. Professionally staffed 24/7 Helpline (1.800.272.3900) offers information and advice to callers. Also hosting face-to-face support groups and educational sessions in communities nationwide.

For More information, visit: www.alz.org info@alz.org 24/7 Helpline (800) 272-3900

The expert staff of the Alzheimer’s & Dementia Alliance of Wisconsin understand that every person touched by Alzheimer's or other dementia will need support to help them navigate the course of the disease. We help guide you through the complex maze of issues that can arise by offering personal consultations, education, access to resources and advocacy.

For more information, visit: www.alzwisc.org support@alzwisc.org Helpline (888) 308-6251
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