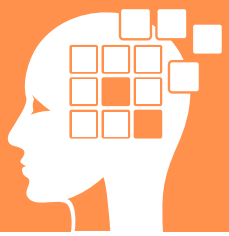
Duke Dementia Family Support Program

PLWD SUPPORT GROUP INTAKE

SCREENING OBSERVATIONS



PLWD INFORMATION

PLWD Name _____

Date of Call ____ /____ /____

Do they screen in? ◯ Yes ◯ No

PLWD Phone Number _____ Email _____

Caregiver Name _____

The one-on-one screening is not a memory test. You are not looking for accuracy.

You are assessing the person's comfort with these topics of discussion on their own and if they are able to have meaningful conversation about changes in memory and thinking.

SCREENING OBSERVATIONS

Did the person seem anxious or unsettled without their loved one present? ◯ Yes ◯ No

_____

_____

Was the person looking to their care partner to help answer questions? ◯ Yes ◯ No

_____

_____

Could the person describe their changes in memory and thinking? Were they able to offer examples?

_____

_____

How did the person report feeling about being in a group where the focus of group is discussions related to changes in memory and thinking?

_____

_____

Was the person able to offer appropiate answers to questions? This does NOT mean that they didn't repeat stories, but could they stay on track to discussion?

_____

_____