

Speaking for Myself

A Caregiver's Guide to

(YOUR NAME)

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Introduction

RiverWoods residents are increasingly aware of memory loss in our neighbors and in the general population. The stripping away of memory is a neurological cognitive disorder of several diseases like stroke, Alzheimer's, and Parkinson's where it and other disorders can present themselves in a variety of manifestations. Dementia and memory loss present a challenge to caregivers and family members who strive to understand and appreciate the behavior, likes and dislikes, fears and pleasures of those afflicted. What we experienced in our earlier, formative years very likely is known only to us as individuals. It would be mutually beneficial for oneself and one's caregivers and family to be aware of them as they often serve as links that resonate in one's mind.

Filling out the document Speaking for Myself is a way to note those factors in your life that have had a seminal effect on you throughout your life. This document would be a helpful one to keep along with My Way: An Advance Directive, a document that can be obtained through the Wellness Clinics. Bear in mind that these documents are not legally binding.

I have supplied information for this booklet in the hope that it will be informative in the event I am unable to express myself to my caregivers.

(NAME)

(DATE)

I like to be addressed as: (e.g., given name or nickname):

Provide information where you are comfortable in doing so. Enter NA (not applicable) for statements for which you wish not to enter information. For statements that require more space for your written response, additional space is provided on blank pages at the end of the booklet. On those blank pages, you may also provide information on a topic not covered in the booklet.

FAMILY

1. The following persons made up my childhood family. Include parents and their occupations and names of siblings. (You may want to include others who played a significant role in your upbringing like a coach, guardian, or adult role model.

2. These are members of my close by family and friends that I currently am in touch with regularly.

3. Current marital status: single married divorced widowed

4. Favorite family pets that I have had or have now (include names):

5. One or two of the family traditions and customs that are important to me are:

BACKGROUND

6. These are one or two of my earliest memories. (Estimate how old you were at the time.)

7. I have experienced the following significant losses or traumatic events in my life:

I prefer not to recall painful events.

I welcome being able to talk about these events.

8. These are some of the major events or milestones in my early adulthood: (e.g., education, employment, military service, marriage, parenthood, travel, anniversaries, etc.)

9. Notable places I have traveled to or lived in:

10. Some of the accomplishments of which I'm most proud are:

11. Over my lifetime, I've enjoyed the following hands-on crafts, skills, and hobbies (past and present):

PERSONAL PREFERENCES

19. My religious affiliation is:

20. My spiritual needs or practices (rosary, prayer book, yoga meditation, visit by clergy, etc.) are:

21. These characteristics describe me. (Check as many as applicable. Add any that are not listed):

outgoing	gregarious	people-person	quiet
friendly	private	talkative	reflective

22. I like being massaged, stroked or having my hand held. Yes No

23. Environment

I like the hustle and bustle of activity around me.

I like my surroundings to be quiet.

I like being out of doors. Yes No

My favorite season(s) of the year: Winter Spring Summer Fall

24. My feelings regarding visitors:

I welcome people dropping by to visit unannounced.

I prefer that people be invited or give me advance notice of their visit.

25. I communicate using: Skype or FaceTime e-mail letter telephone

26. These are certain domestic pets that I am afraid of or feel uncomfortable around:

27. These are my “comfort” foods and/or foods of which I’m particularly fond:

28. These are my cultural and health dietary restrictions:

29. Food(s) I greatly dislike:

30. I have had the experience of being hospitalized. Generally speaking, it was
positive negative. Explain:

31. I find these elements in my environment calming and soothing:

32. These are pet peeves or things I find irritating in my surroundings: (e.g., the smell of perfume)

33. I am fearful of or uncomfortable around:

34. Personal possessions I like to have close at hand:

35. Musical genres I enjoy listening to are: (e.g., favorite albums, CDs, and Internet radio stations – be specific with artists' names)

36. Musical instruments I have played:

37. Forms of art that appeal to me are:

38. My TV viewing is largely devoted to: (Check those that appeal most to you.)

sports game

news

Other:

shows

drama

documentaries

how-to

travelogue

39. These are TV channels, radio stations, or websites I use frequently.

40. The newspapers (include local) I read regularly are:

41. Sports teams and athletes that I follow:

42. I have listened to audio books. Yes No

43. Other than a bound paper copy, I read books on:
 tablet computer Kindle or Nook device for macular degeneration

44. My favorite all-time movies:

45. My favorite recreational activities (e.g., crossword puzzles, jigsaw puzzles, crafts, bridge).

46. My favorite reading (e.g., particular books or genres of books, magazines, newspapers):

47. These are aspects of my attire that I'm partial to or dislike (e.g., loafers, bright colors, turtlenecks, pockets, scarves, jewelry, hats, etc.).

Like:

Dislike:

48. My favorite color(s):

49. My favorite flower:

50. This would be a special treat for me. (e.g., going out for ice cream, a sporting event, manicure)

END OF LIFE CONSIDERATIONS

51. End of life practices or wishes (e.g., last rites, visit by clergy):

52. My family or guardian is aware of these. Yes No

53. I am familiar with Hospice Care. Yes No

54. I have experienced the passing of an individual and been aware of the palliative or hospice care they received at the time. Yes No

55. I would like these persons to be informed of my passing:

56. Vital information for my obituary:

This page is for expanded responses to specific numbered statements in the booklet and for suggestions that relate to a particular consideration you feel should have been included.

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REQUEST

Our health care staff respects your privacy and considers the information given here as confidential unless you indicate otherwise. You may or may not want your family or guardian to be aware of this information.

Please check your preference:

I prefer that my *Speaking for Myself* responses be kept confidential and shared only with my RiverWoods caregivers.

I have no problem with your sharing my *Speaking for Myself* responses with my family or guardian.

Thank you for taking the time to tell us about yourself. It gives our health services staff insight into what they might be able to do to make your stay with them more comfortable and enjoyable.

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Speaking for Myself was first proposed as a project to CommComm, the RiverWoods Communications Committee. It was developed by RiverWoods residents Ellie Crow, Nancy and Jack Taylor and Anne Reed in collaboration with Cindy Martin, RiverWoods Exeter, Vice President of Health Services.