A CHECKLIST FOR FAMILY CAREGIVERS

Is the repetition *something to talk about?*

OBSERVED FOR

FILLED IN BY

DATE

Most people repeat themselves sometimes — a story they love, a question they forgot they asked. What matters is the *pattern*: what kind of repetition, how often, and whether it's changing. Use this over a week or two. Tick what you notice. Tally at the bottom. Bring it to the doctor.

☐ NOT NOTICED ☐ YES, I'VE SEEN THIS TICK ANYTHING THAT'S HAPPENED MORE THAN ONCE.

i. The *same question* , again

Asking the same thing within minutes — not because of distraction, but because the answer didn't stick.

- ☐ Asks the same question two or more times in one conversation.
- ☐ Forgets the answer was just given (e.g. "What time is the appointment?").
- ☐ Doesn't recognize they're repeating, even when gently told.
- ☐ Asks again about an event that has already happened.

ii. The *same story* , retold

A story or memory recounted as if for the first time.

- ☐ Tells the same story to the same person within hours or days.
- ☐ Uses nearly identical phrasing each time.
- ☐ Doesn't notice when you say "You've told me."
- ☐ Older memories told sharply; today's events told vaguely.

iii. Repeated *actions*

Doing the same task again, unaware it was already done.

- ☐ Takes (or tries to take) medication twice in a short window.
- ☐ Sets the table, locks the door, or makes coffee that's already done.
- ☐ Buys the same groceries repeatedly — duplicates pile up.
- ☐ Calls the same person several times in a day.

iv. When & how it happens

Context often matters more than count. Note the surroundings.

- ☐ Worse late afternoon or evening ("sundowning").
- ☐ Worse in unfamiliar places, or after a change in routine.
- ☐ Worse when tired, hungry, in pain, or after illness.
- ☐ Pattern has been steady or growing for more than a few weeks.

A few more *things to notice*.

Companion symptoms & alternative causes.

Repetition rarely arrives alone, and several common conditions can look like memory trouble without being it. Use these two sections alongside the first four — they sharpen the picture you'll bring to the doctor.

v. What *else* you're noticing

Repetition rarely arrives alone. These often travel with it.

- [ ] Trouble finding everyday words ("the thing… you know…").
- [ ] Getting lost in familiar places, even briefly.
- [ ] Difficulty managing money, bills, or appointments they used to handle.
- [ ] Withdrawing from hobbies, social plans, or conversations.
- [ ] New irritability, anxiety, or flatness of mood.
- [ ] Sleep changes — up at night, drowsy by day.
- [ ] Repetition feels anxious — they seem unsure rather than absent-minded.

vi. Things that *aren't* the same

Worth ruling out first. These can mimic dementia and are often treatable.

- [ ] A new or recently changed medication.
- [ ] Hearing loss — repeating a question they didn't hear answered.
- [ ] Vision changes, urinary infection, dehydration, or thyroid issues.
- [ ] Grief, depression, or recent major stress.
- [ ] Poor sleep, alcohol, or pain interfering with attention.

HOW TO READ YOUR TICKS

Count the boxes you ticked across sections i–v. The number isn't a diagnosis — it's a signal about whether to bring this up with a doctor, and how soon.

Section vi is a checklist of *alternative explanations* — flag anything ticked there for the doctor too.

TALLY FOR SECTIONS I–V

0–3	4–7	8–12	13–17	18+

SEE NEXT PAGE — WHAT TO DO AT EACH LEVEL.

DOCTOR'S NAME

PHONE

NEXT APPOINTMENT

PAGE THREE

What to do *with what you noticed*.

A score is a starting point, not a verdict. Many causes of repetition are reversible — the goal is to get a clear-eyed look from someone who can run the tests. Match your tally below.

0–3 TICKS

Probably ordinary forgetfulness.

Most adults repeat themselves now and then — especially when tired, distracted, or stressed. Keep a light log for two more weeks. If the count climbs, or new behaviors appear, move down this page.

4–7 TICKS

Worth mentioning at the next visit.

Bring this checklist and any logbook pages to your loved one's next routine appointment. Ask the primary care doctor to:

- Review current medications for anything that affects memory.
- Check hearing, vision, thyroid, B12, and screen for depression.
- Note your concerns in the chart so they can be tracked over time.

8+ TICKS, OR GROWING WEEK OVER WEEK

Ask for an evaluation soon — don't wait for the annual visit.

Call the primary care doctor and request an appointment specifically about memory and cognition. Ask whether they will:

- Perform a brief cognitive screen (such as the MMSE or MoCA) in the office.
- Order blood work to rule out reversible causes.
- Refer to a neurologist, geriatrician, or memory clinic if indicated.

Bringing it up — gently, and with the doctor.

A few approaches caregivers have found helpful.

i. **Send a note ahead.** Share a photo of this checklist via the patient portal before the visit.

ii. **Use specifics, not labels.** "Asked about my flight four times in twenty minutes" lands better than "he's getting forgetful."

iii. **Frame it as ruling things out.** "I want to make sure we're not missing something treatable."

iv. **Bring someone, or bring notes.** A second pair of ears helps when the visit feels short.

v. **Ask for next steps in writing.** What tests, what referrals, when to come back.

vi. **Keep logging in the meantime.** Patterns show up across weeks that single moments hide.

CALL SOONER — SAME DAY OR URGENT CARE

Repetition that comes on *suddenly*, or alongside any of these, can mean something other than dementia and may need quick attention:

- Confusion that started in hours or days, not months.
- Fever, recent fall, head injury, or new severe headache.
- Slurred speech, weakness on one side, vision change, or trouble walking.
- Hallucinations, severe agitation, or thoughts of self-harm.
- Signs of a urinary or chest infection in an older adult — these often present as new confusion.

A note. This checklist is meant to help you observe and start a conversation. It is not a diagnosis. Only a qualified clinician can evaluate cognition and recommend care. If you're uncertain whether what you're seeing is concerning, that uncertainty is itself a good reason to ask — doctors would rather hear early than late.