

MEMORY AID—PERSONAL INFORMATION ORGANIZER

It is reassuring when we are accurately oriented to person, place, and time. When memory loss occurs, you must use coping strategies to help you remember information about who you are, where you live, who your supportive friends and family are, what events are scheduled and have already occurred, and what activities are important for you to accomplish. Use the following guide to help you stay organized.

1. Identifying Personal Information

Name: _____
Address: _____
Phone: _____
Birth _____ Age: _____
Date: _____

2. Names of Supportive People in My Life

Parent(s): _____
Phone: _____
Spouse/Partner: _____
Phone: _____
Brother(s): 1. _____
Phone: 1A. _____
2. _____
2A. _____
1. _____



Sister(s):

Phone: 1A. _____
 2. _____
 2A. _____

Neighbor: 1. _____

Address: 1A. _____

Phone: 1B. _____

Friend(s): 1. _____

Address: 1A. _____

Phone: 1B. _____

2. _____

2A. _____

2B. _____

Phone for Police: _____

Phone for Fire: _____

3. Plans for the Month

Make a copy of this calendar page and write down your appointments for the month. Save your monthly calendars so you can look back to check what you have done in the past.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

4. **Daily Schedule**

Write down your routine and nonroutine activities that are planned for the day. Make a copy of this page for your reminder or purchase a scheduling book like this.

A.M.	7:00	_____	4:00	_____
	7:30	_____	4:30	_____
	8:00	_____	5:00	_____
	8:30	_____	5:30	_____
	9:00	_____	6:00	_____
	9:30	_____	6:30	_____
	10:00	_____	7:00	_____
	10:30	_____	7:30	_____
	11:00	_____	8:00	_____
	11:30	_____	8:30	_____
P.M.	12:00	_____	9:00	_____
	12:30	_____	9:30	_____
	1:00	_____	10:00	_____
	1:30	_____	10:30	_____
	2:00	_____	11:00	_____
	2:30	_____	11:30	_____
	3:00	_____	12:00	_____
	3:30	_____	12:30	_____

Activities of daily living you may include in your schedule:

- Bathe/shower
- Brush teeth
- Call friend/family member
- Do laundry
- Dust house
- Eat breakfast
- Eat lunch
- Eat supper
- Get dressed
- Get out of bed
- Go grocery shopping
- Go to bed
- Go to doctor appointment
- Grooming
- Make bed
- Pay bills
- Pick up house
- Read e-mail
- Read paper
- Run errand
- Take medication
- Vacuum house
- Wash dishes
- Watch TV



5. Projects I Need to Do

Whenever you think of something specific that you must do, write it down and then put it into your schedule later.

TO DO LIST:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Important Things to Remember

Whenever you read or hear about something important to remember, write it down.

DON'T FORGET:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____