

Memory Aid Information Form

Please complete this biographical information for:

Name _____

Nickname _____

Family Information

MOTHER

Name _____

Date of Birth _____

Birthplace _____

Date of Death _____

FATHER

Name _____

Date of Birth _____

Birthplace _____

Date of Death _____

BROTHERS (names)

SISTERS (names)

WIFE/HUSBAND

Name _____

Date of Birth _____

Birthplace _____

Date of Marriage _____

Location of Marriage (city, state) _____

Date of Death (if applicable) _____

CHILDREN (names)

1 _____ 3 _____

2 _____ 4 _____

SPOUSE OF CHILDREN (include married name for daughters)

1 _____ 3 _____

2 _____ 4 _____

GRANDCHILDREN

1 _____ 6 _____

2 _____ 7 _____

3 _____ 8 _____

4 _____ 9 _____

5 _____ 10 _____

What are the current occupations of these children:

1 _____ 3 _____

2 _____ 4 _____

Where are the children and grandchildren currently living (city, state)?

1 _____ 3 _____

2 _____ 4 _____

Your Family Member's Life History

Date of Birth _____ Place of Birth _____

Childhood home (city, state) _____

High School _____ College _____

MILITARY SERVICE

Branch _____ When _____

OCCUPATION(S)

WHEN

_____	_____
_____	_____
_____	_____

SPECIAL HONORS/AWARDS

HOBBIES, FAVORITE LEISURE ACTIVITIES (past and/or present)

PLACES LIVED AS AN ADULT

When

_____	_____
_____	_____

CLUBS, SOCIAL ORGANIZATIONS

Held office?

_____	_____
-------	-------

CHURCH OR TEMPLE

CHURCH OR TEMPLE RELATED ACTIVITIES OR INVOLVEMENTS

(for example, deacon, choir, etc.)

FAVORITE PETS (past and/or present)

MEMORABLE VACATIONS

Where _____

When _____

With whom _____

BEST FRIENDS

ANY OTHER MEMORABLE EVENTS, DETAILS

CHALLENGING BEHAVIORS (Describe any other specific problems you are having and how often they occur. Example: My mother asks to go to church every 10 minutes.)

DAILY SCHEDULE (Please complete a daily schedule for your family member including all routine activities)

Usual Daily Schedule

Special Activities

7:00 a.m. _____

7:30 a.m. _____

8:00 _____

8:30 _____

9:00 _____

9:30 _____

10:00 _____

10:30 _____

11:00 _____

11:30 _____

12 noon _____

12:30 p.m. _____

1:00 p.m. _____

1:30 _____

2:00 _____

2:30 _____

3:00 _____

3:30 _____

4:00 _____

4:30 _____

5:00 _____

5:30 _____

DAILY SCHEDULE (continued)

Usual Daily Schedule

Special Activities

6:00 _____

6:30 _____

7:00 _____

7:30 _____

8:00 _____

8:30 _____

9:00 _____

9:30 _____

10:00 _____

10:30 _____

11:00 _____

11:30 _____

12 midnight _____

Any other activities which your family member participates in during his/her spare time but which is not part of the daily schedule?
