Have you noticed any of these warning signs? Please list any concerns you have and take this sheet with you to the doctor.

Note: This list is for information only and not a substitute for a consultation with a qualified professional.

___1. Memory loss that disrupts daily life. One of the most common signs of Alzheimer’s, especially in the early stages, is forgetting recently learned information. Others include forgetting important dates or events; asking for the same information over and over; relying on memory aides (e.g., reminder notes or electronic devices) or family members for things they used to handle on their own. **What's typical?** Sometimes forgetting names or appointments, but remembering them later.

___2. Challenges in planning or solving problems. Some people may experience changes in their ability to develop and follow a plan or work with numbers. They may have trouble following a familiar recipe or keeping track of monthly bills. They may have difficulty concentrating and take much longer to do things than they did before. **What's typical?** Making occasional errors when balancing a checkbook.

___3. Difficulty completing familiar tasks at home, at work or at leisure. People with Alzheimer’s often find it hard to complete daily tasks. Sometimes, people may have trouble driving to a familiar location, managing a budget at work or remembering the rules of a favorite game. **What's typical?** Occasionally needing help to use the settings on a microwave or to record a television show.

___4. Confusion with time or place. People with Alzheimer’s can lose track of dates, seasons and the passage of time. They may have trouble understanding something if it is not happening immediately. Sometimes they may forget where they are or how they got there. **What's typical?** Getting confused about the day of the week but figuring it out later.

___5. Trouble understanding visual images and spatial relationships. For some people, having vision problems is a sign of Alzheimer’s. They may have difficulty reading, judging distance and determining color or contrast. In terms of perception, they may pass a mirror and think someone else is in the room. They may not recognize their own reflection. **What's typical?** Vision changes related to cataracts.
6. New problems with words in speaking or writing. People with Alzheimer’s may have trouble following or joining a conversation. They may stop in the middle of a conversation and have no idea how to continue or they may repeat themselves. They may struggle with vocabulary, have problems finding the right word or call things by the wrong name (e.g., calling a watch a “hand clock”). What’s typical? Sometimes having trouble finding the right word.

7. Misplacing things and losing the ability to retrace steps. A person with Alzheimer’s disease may put things in unusual places. They may lose things and be unable to go back over their steps to find them again. Sometimes, they may accuse others of stealing. This may occur more frequently over time. What’s typical? Misplacing things from time to time, such as a pair of glasses or the remote control.

8. Decreased or poor judgment. People with Alzheimer’s may experience changes in judgment or decision making. For example, they may use poor judgment when dealing with money, giving large amounts to telemarketers. They may pay less attention to grooming or keeping themselves clean. What’s typical? Making a bad decision once in a while.

9. Withdrawal from work or social activities. A person with Alzheimer’s may start to remove themselves from hobbies, social activities, work projects or sports. They may have trouble keeping up with a favorite sports team or remembering how to complete a favorite hobby. They may also avoid being social because of the changes they have experienced. What’s typical? Sometimes feeling weary of work, family and social obligations.

10. Changes in mood and personality. The mood and personalities of people with Alzheimer’s can change. They can become confused, suspicious, depressed, fearful or anxious. They may be easily upset at home, at work, with friends or in places where they are out of their comfort zone. What’s typical? Developing very specific ways of doing things and becoming irritable when a routine is disrupted.

If you have questions about any of these warning signs, the Alzheimer’s Association recommends consulting a physician. Early diagnosis provides the best opportunities for treatment, support and future planning.

For more information, go to alz.org/10signs or call 800.272.3900.

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About the stages of Alzheimer’s disease

Experts have documented common patterns of symptom progression that occur in many individuals with Alzheimer’s disease and developed several methods of “staging” based on these patterns. Progression of symptoms corresponds in a general way to the underlying nerve cell degeneration that takes place in Alzheimer’s disease. Nerve cell damage typically begins with cells involved in learning and memory and gradually spreads to cells that control other aspects of thinking, judgment and behavior. The damage eventually affects cells that control and coordinate movement.

Staging systems provide useful frames of reference for understanding how the disease may unfold and for making future plans. But it is important to note that all stages are artificial benchmarks in a continuous process that can vary greatly from one person to another. Not everyone will experience every symptom and symptoms may occur at different times in different individuals. People with Alzheimer’s live an average of 8 years after diagnosis, but may survive anywhere from 3 to 20 years.

The framework for this fact sheet is a system that outlines key symptoms characterizing seven stages ranging from unimpaired function to very severe cognitive decline.

Within this framework, we have noted which stages correspond to the widely used concepts of mild, moderate, moderately severe and severe Alzheimer’s disease. We have also noted which stages fall within the more general divisions of early-stage, mid-stage, and late-stage categories.

**Stage 1: No cognitive impairment**
Unimpaired individuals experience no memory problems and none are evident to a health care professional during a medical interview.

**Stage 2: Very mild decline**
Individuals at this stage feel as if they have memory lapses, especially in forgetting familiar words or names or the location of keys, eyeglasses, or other everyday objects.

But these problems are not evident during a medical examination or apparent to friends, family, or co-workers.

**Stage 3: Mild cognitive decline**
Early-stage Alzheimer’s can be diagnosed in some, but not all, individuals with these symptoms

Friends, family or co-workers begin to notice deficiencies. Problems with memory or concentration may be measurable in clinical testing or discernible during a detailed medical interview. Common difficulties include:

- Word- or name-finding problems noticeable to family or close associates
- Decreased ability to remember names when introduced to new people
- Performance issues in social or work settings noticeable to family, friends or co-workers
- Reading a passage and retaining little material
- Losing or misplacing a valuable object
- Decline in ability to plan or organize

**Stage 4: Moderate cognitive decline**
(Mild or early-stage Alzheimer’s disease)
At this stage, a careful medical interview detects clear-cut deficiencies in the following areas:

- Decreased knowledge of recent occasions or current events
- Impaired ability to perform challenging mental arithmetic—for example, to count backward from 100 by 7s
- Decreased capacity to perform complex tasks, such as marketing, planning dinner for guests, or paying bills and managing finances
- Reduced memory of personal history
- The affected individual may seem subdued and withdrawn, especially in socially or mentally challenging situations
Stage 5: Moderately severe cognitive decline (Moderate or mid-stage Alzheimer's disease)

Major gaps in memory and deficits in cognitive function emerge. Some assistance with day-to-day activities becomes essential. At this stage, individuals may:

- Be unable during a medical interview to recall such important details as their current address, their telephone number, or the name of the college or high school from which they graduated
- Become confused about where they are or about the date, day of the week or season
- Have trouble with less challenging mental arithmetic; for example, counting backward from 40 by 4s or from 20 by 2s
- Need help choosing proper clothing for the season or the occasion
- Usually retain substantial knowledge about themselves and know their own name and the names of their spouse or children
- Usually require no assistance with eating or using the toilet

Stage 6: Severe cognitive decline (Moderately severe or mid-stage Alzheimer's disease)

Memory difficulties continue to worsen, significant personality changes may emerge, and affected individuals need extensive help with daily activities. At this stage, individuals may:

- Lose most awareness of recent experiences and events as well as of their surroundings
- Recollect their personal history imperfectly, although they generally recall their own name
- Occasionally forget the name of their spouse or primary caregiver but generally can distinguish familiar from unfamiliar faces
- Need help getting dressed properly; without supervision, may make such errors as putting pajamas over daytime clothes or shoes on wrong feet
- Experience disruption of their normal sleep/waking cycle
- Need help with handling details of toileting (flushing toilet, wiping and disposing of tissue properly)
- Have increasing episodes of urinary or fecal incontinence
- Experience significant personality changes and behavioral symptoms, including suspiciousness and delusions (for example, believing that their caregiver is an impostor); hallucinations (seeing or hearing things that are not really there); or compulsive, repetitive behaviors such as hand-wringing or tissue shredding
- Tend to wander and become lost

Stage 7: Very severe cognitive decline (Severe or late-stage Alzheimer's disease)

This is the final stage of the disease when individuals lose the ability to respond to their environment, the ability to speak, and, ultimately, the ability to control movement.

- Frequently individuals lose their capacity for recognizable speech, although words or phrases may occasionally be uttered
- Individuals need help with eating and toileting and there is general incontinence of urine
- Individuals lose the ability to walk without assistance, then the ability to sit without support, the ability to smile, and the ability to hold their head up. Reflexes become abnormal and muscles grow rigid. Swallowing is impaired.

There is currently no cure or prevention for Alzheimer’s disease, but the Alzheimer’s Association is fighting on your behalf to give everyone a reason to hope. For more information about Alzheimer research, treatment and care, please contact the Alzheimer’s Association.

Contact Center 1.800.272.3900  
TDD Access 1.312.335.8882  
Web site www.alz.org  
e-mail info@alz.org  
Fact sheet prepared October 13, 2003
ACTIVITY IDEAS FOR
ALZHEIMER’S/DEMENTIA RESIDENTS

Activity Ideas

There are many different stages that a person with Alzheimer's and Dementia will go through. It is very important to continue to provide quality of life at each stage. To do this it's important to look at what a person can do instead of what they cannot do. In addition, look at the task that you want to provide and break it down into the simplest form so that the task may be accomplished. In the last stages of Alzheimer's, concentrate on the senses when providing stimulation.

One other important area of activities is to remember that activities can be passive or active. A person may only observe or watch an activity. Other persons may participate in an active way. Some activities may occur in a group situation or be done independently. For example, a person may sit quietly watching the birds outside a window.

If you are going to provide group activities, you may need to offer the activities in a small group. It is important to understand all the "participants" levels of functioning. If they can not all participate, consider adding parallel programming. While the main activity is going on, "cluster" residents who are of the same functioning level together and provide appropriate activities. For example, you have ten residents on your unit and you will be offering a Sing Along. Four residents are unable to participate due to their functioning level. By clustering, you could place these residents at a table and provide tactile and sensory items. The remainder of your group are able to participate in the Sing Along.

It is also important to understand that activities are not just planned activities. Activities can include life skills which means participating in their daily living skills. They are encouraged to help hold the tooth brush or wash cloth, or to choose an item of clothing. This could also include meal time activities. They could be encouraged to fold the napkins, set the table, clear the table, or wash the dishes. Also, allowing them to help with watering the plants, dusting, or folding the laundry. These are all "activities" and just as important as a game of bingo.

Activities can include all aspects of life, including social and religious activities.

The two most important activities that you can provide are exercise and music. Here are some ideas for exercise and music.

Exercise:

You may wish to begin your day with exercise and end the day with exercise. This can be chair exercises in the morning and walking later in the day.

Walking: Take short walks if distance is a problem. Have a routine and a set time for walking. Make sure to dress your client in comfortable clothes and proper fitting shoes. Verify that shoe laces are tied. If you are not able to get outside, maybe you can utilize the hallway of the building. Exercise will aide in helping a person to sleep. A stroll in the wheelchair is great exercise, if the person is able to propel themselves.
**Chair Exercises:** Use props, such as streamers, maracas, batons, pom poms, canes, stretch bands, tambourines, clappers, top hats, scarves, or small hand held balls. (All can of these items can be ordered at wholesale prices through [www.activitytherapy.makesparties.com](http://www.activitytherapy.makesparties.com)). Face the person and have stimulating music playing with an easy to follow rhythm. You may wish to use music from their era, but it is acceptable to use any kind of music that elicits a positive response. Please remember their preference when selecting music. Design a routine that is repetitive and easy to follow. You may wish to start with 20 minutes and build up to 45 minutes as tolerated. Take lots of breaks. Hand held props held develop hand strength and provides a stimulating visual to follow the leader. **Music, Movement and Props** are three key elements for a successful exercise program.

**Parachute:** You may purchase a small parachute for a small group. But if you are working with a large group, you may wish to use a larger parachute. Again, use easy to follow music. Take lots of breaks and deep breathing. Please refer to our catalogue page that lists all the many catalogues for parachutes. You may wish to try S & S or Nasco.

Routine and structure are very important when planning the day. Exercise and music combined will help in providing a calm and success oriented day. Routine may be boring to the care provider but not to the Alzheimer's/Dementia Client.

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**Music**

We recommend that the TV be turned off and music played instead. Music may aid in calming, bring back memories and generally add to the quality of life. TV at this point in the illness offers too much stimulation and can be overwhelming. It's too much information coming too fast for someone with Alzheimer's and dementia to process. This may lead to agitation.

**Some ideas for music:**

Use CD's vs. Tapes. CD's last longer, usually an hour. Tapes require that you are there to turn the tape over when it reaches the end. For those residents who are now bed bound, it would be very important to have a product with a longer duration.

**Sing Alongs:** Several catalogues have a wonderful selection of sing along music. The Eldersong catalogue has a wonderful product called Sing-A-Long with Eldersong, Volumes 1, 2 & 3. The Beautiful Music Company has a large assortment of music from the 30's, 40's and 50's. They also carry current tunes. Look for short catchy tunes that are easy to follow. You may wish to take the song books and write the tunes in large letters on poster board and hold these cards up for the residents to follow. For many, the ability to read will be lost. Its not important that they use the right words, only the joy and satisfaction they get in their level of participation. They may tap their finger to the beat, shake an instrument, hum along or even sing along. We recommend that you use instruments with the sing alongs. Use the same instrument when working with a group, otherwise, it will sound like a bunch of noise. Instruments are available at [www.activitytherapy.makesparties.com](http://www.activitytherapy.makesparties.com) at wholesale prices.

**Name that Tune:** Use short catchy tunes that will be easily recognized or remembered. Example: Take Me Out to the Ball Game. You can purchase a CD or you could even just hum the song. See if they can guess it. If they are unable to do this, it may not be an activity to try again. You do not want them to feel bad because they are not able to recall the song.
**Relaxation Music:** Good for meal times and towards the end of the day. You could play angel, classical or new age music. Try to pick pieces that have an even tempo and something soothing without words. If you use the same music everyday as part of the routine, this may signal that the day is ending and time to start getting ready for bed. We recommend that you do not use nature tapes, ocean music or stream music. For example, to someone with Alzheimer's and dementia it may not conjure up a memory of a stream running but simply some running water that needs to be turned off.

Videos:

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**Activities for Individuals with Early or Middle Stage Alzheimer's Disease**

The following suggestions are recommended for those in the early and middle stages of Alzheimer's Disease. Many of these activities will spark a memory and may even lead to conversation. PRAISE, PRAISE, PRAISE FOR THEIR EFFORTS.

**Kitchen/Food Related Activities**

**Mashed Potatoes:** The individual may not be able to read the directions but may be able to hold the fork and whip the potatoes. They may also be able to add the premeasured ingredients as directed by you.

**Pigs in a Blanket:** Ingredients needed are Pillsbury Crescent Rolls, American Cheese Slices and Mini Hotdogs. On a baking dish, assist the individual in taking one cheese slice and placing it on a crescent roll. Add the mini hot dog. Assist the individual in rolling the dough. Repeat until you have used up the container of rolls.

**Peeling Apples:** Use an apple peeler that attaches to your table. Attach an apple. Let the individual peel the apple.

**Shucking Corn:** Simple task that is easy to do and smells great.

**Snapping Beans:** Simple task to do.

Simple cake, muffins, cookies, brownies and pudding mixes

**Life Skills**

Let them be involved in their day to day routine. Provide meaning. Let them touch activities that were a part of their past. This will provide them with a sense of self worth and add to their "Quality of Life”

You may want to drive around in the spring and summer to the many garage sales, thrift shops and rummage sales. Look for items from their past. Old girdles always spark a smile, along with old time irons and products from their past. Let them show you how the products were used. For example, old aprons, are something the generation from the 40's, 50's and 60's used. But not necessarily used in the 90's.
**Folding Laundry:** It does not matter if it's done right, only the act itself.

**Cooking:** Helping you in the kitchen. Have a cabinet for them to put groceries away.

- **Stuffing Envelopes**
- **Washing Their Face and Hands**
- **Putting on Make up**
- **Buttoning Clothes**
- **Sewing Cards and Rolling Yarn**
- **Polishing Silver:** Use a little cooking oil instead of polish.
- **Folding Napkins, Setting the Table.**
- **Clearing the Table**
- **Watering Plants**
- **Making the Bed and Putting Clothes Away**
- **Polishing Silver**
- **Sorting a Tray of Silverware**
- **Brushing the Animals**
- **Walking the Animals**
- **Provide a Feather Duster**
- **Provide with a Spray Bottle with Water and a Dusting Rag**
- **Making their Beds**
- **Organizing and Cleaning Purses and Wallets:** These are comfort items.
- **Sorting and Cleaning Jewelry Boxes**
- **Cleaning Out a Drawer**
- **Making No Bake Recipes:** For Example: Fruit Salad, Peanut Butter on Apples/ Crackers
- **Make Potpourri**
- **Pick Flowers and Press Into a Book**
- **Clean Out a Drawer**

**Intellectually Stimulating Activities**

If you are caring for a loved one in your home, you may wish to include a medical adult day care program. If you feel your loved one may refuse to go, you might want to say that they are volunteering at the adult day care center. You as the care giver may need a break several times a week in order to get errands completed. You may also just need to take some time for yourself.

Get involved with a **senior center** that is open to providing additional programs for your loved one.

**Sing Alongs, Music Appreciation and Movement to Music** may all spark a memory.

**Bingo, Animal Bingo, Food Bingo.** If they can not handle the activity of picking up the bingo chips, try having them point to each thing as it is called.

**Reminisce:** Life Story Review. For example, we are going on a picnic, what would we bring in the picnic basket? Where would we go for the picnic? Some suggestions would be:
- A day at the beach
- A ride in the country
- 1st day at school
- Getting married
Other Reminisce ideas might be the use of **Sensory Boxes**. There is a great book out called "Wake Up" that can be ordered through Activity Products International. Please see our catalogue page, [www.activitytherapy.com/cattlc.htm](http://www.activitytherapy.com/cattlc.htm) Develop theme sensory boxes. Fill the box with as many items as you can find that are associated with the theme. Bring the items out one at a time and describe them. Have the resident touch the items. Have something to eat or drink that is related to the theme. Have a song that ties the theme together. Have a simple craft to go with the theme. These boxes would be used to stimulate memories and begin conversations. Ideas are endless but here are some suggestions:

- Babies & items associated with babies
- Trains
- A day at the beach
- Christmas
- Colors: Red, Blue, Green, Black, etc.
- Wedding

**Simple Word Games, Trivia, Gestures**
Example: What's the opposite of up?

**Social Functions**

Please involve the individual as much as possible in parties, social gatherings and children's events. We suggest planning the day. If you are taking the resident to a function off the unit, offer encouragement while you are walking. Just the short walk to the dining room to see an entertainer can be frightening. If you are taking your loved one out of the home, have them use the restroom before you leave. Dress them comfortably and sit in an area that is not confining. Some may not be able to travel at all. They may be too confused or anxious to enjoy this.

**Activities for Individuals with Middle Stage Alzheimer's Disease**

The following suggestions are recommended for those in the middle stages of Alzheimer's disease.

**Sorting:**
Sorting items is a great way to provide a meaningful and purposeful activity. Please make sure that all items provided cannot be easily swallowed. Let them do what comes natural. The point is to spark an interest.

- **Sort by Color Dominoes.** These can be purchased from Nasco Catalogues. Place an assortment of colored dominoes on a tray. Provide several containers and place one color in each box for cueing. Help them get started.
- **Sorting Socks:** Provide several colors of socks and ask them to sort the colors for you.
- **Other sorting ideas would be:** buttons, cards by suit, wooden spools, large nuts and bolts, colored plastic milk jug tops, spoons by size and many other ideas.

**Rolling Yarn:** You would be surprised but men like to do this as well. Provide yarn and start rolling it into a ball, then place this in the resident’s hands and they should continue on with this task. You may need to sit in front of the resident or side-by-side and do the same thing. They should begin "mirroring" you.

**Jewelry Boxes:** Provide a box with many pieces of large jewelry. Empty the contents and have them place the items back in the box.
**Tool Box:** Provide a tool box with many "safe" items found in a tool box. Empty the contents and have them place items back in the box.

**Picture Books:** Often times, the resident may no longer be able to read or may not recognize loved one pictures. Instead offer picture books. To make these, simply take a thin 3-ring binder, and on construction paper, glue pictures from magazines onto the paper. Make each book a theme. Ideas are endless but some suggestions are, cats, dogs, children, flowers, houses, trains & cows. To keep the pages nice, you may want to insert the pages into plastic sheet protectors. If you have a resident who mentions a certain topic over and over, you may wish to develop a themebok for that topic. For example, he was a farmer and speaks repeatedly about his cows, why not develop a picture book of cows and farm tools.

**Cooking:** Many residents will still enjoy helping with the cooking. A tips or suggestion would be to have everything ready before you begin. Preparation is very important.

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**Activities for Individuals with End Stage Alzheimer's Disease**

At this stage, the individual has most likely lost the ability to communicate, walk, or feed themselves, and is totally dependent for all their care needs.

Even at this stage quality of life is very important. Look at what they still have…their 5 senses. Senses are Vision, Hearing, Touch, Smell & Taste

Some suggestions would be:

**Visual-Eyes**

- Bird Feeders at the Window
- Fish Tanks or the Fake Fish Tanks
- Fiber Optic Lights and Black Lights
- Wind Chimes, Wind Socks and Pennants
- Interactive Art Works and Pictures
- Wall Clocks - even if you feel they cannot tell time
- Mobiles for Their Rooms

**Tactile-Touch**

- Pet Therapy (i.e. dogs, cats & rabbits to touch)
- Pat Mats
- Dolls & Stuffed Animals (comfort items)
- Afghans (comfort items)
- Activity Aprons and Activity Pillows
- Jewelry Box, with very large pieces, broaches, watches, belt buckles, etc.
- Hand Massage with Scented Lotions
- Touch often: Their souls can still feel love.
- Lots of hugs
- Pray with them.
Hearing - Auditory

**Music, Wind Chimes, Rain Machines, Sound Machines.**
It is recommended that you use CD’s vs Tapes because they last longer. We recommend that you do not use the radio or talk radio stations. It is too much stimulation and will have no benefit. Advocate that your loved one is taken to music programs if residing in nursing homes.

If you feel reading to them will provide stimulation, then please try this. You may wish to use short stories that can be found in Reminisce Magazine. Please refer to the catalogues page for the phone number and information.

Smell
Aroma Therapy, lavender recommended
Scented Candles - unlit
Scented Hand Lotions
Smell of Cooking Bread and Pies

Taste - Gustatory
Please be very careful what you place in a residents mouth. If they have trouble swallowing, please consult the nurse or physician before placing and food items in their mouth.

Some suggestions for taste:

Lollipops for comfort. Sometimes if a resident is crying out or screaming, a lollipop may work as a diversion.
Ice Cream & Ice Pops
Puddings and Jell-O

Often times, using these types of suggestions can add to the quality of life. A suggestion would be to use these tips during activities of daily living. (Bathing, Dressing, Turning, Toileting, Changing Clothes)
# 101 Things to do with a person with Alzheimer's and Dementia Disease

Provide existence with meaning. Make each activity success oriented, failure free, purposeful and meaningful.

| 2. Iron | 40. Count things | 76. Rub on hand lotion |
| 3. Bake cookies | 41. Fold towels | 77. Decorate place mats |
| 4. Read paper | 42. Afternoon Tea | 78. Arrange fresh flowers in a vase |
| 5. Invite children to visit | 43. Reminisce/Inventions | 79. Remember famous people |
| 6. Read a letter out loud | 44. Play a game | 80. Rake leaves |
| 7. Listen to music | 45. Paint | 81. Make a fruit salad |
| 8. Parachute game | 46. Cut out paper dolls | 82. Sweep the patio or room |
| 9. Color/Paint | 47. Identify states and capitols | 83. Talk about famous events |
| 11. Wipe off table | 49. Color American Flag | 85. Make sandwiches |
| 12. Weed the garden | 50. Cook hot dogs | 86. Dust furniture |
| 15. Readers Digest | 53. Reminisce - first kiss | 89. Trace/cut leaves |
| 16. Fold clothes | 54. Play horseshoes | 90. Simple trivia questions |
| 17. Pet visit | 55. Dance | 91. Finish Bible quotes |
| 18. Cut out cards | 56. Sing a hymn | 92. Paint with string |
| 19. Wash silverware | 57. Make ice cream | 93. Cut out pictures |
| 20. Bake bread | 58. Plant bulbs | 94. Read/listen to a short story |
| 22. Sing Christmas songs | 60. Sort cards by suit | 96. Sew sewing cards |
| 23. Life Review | 61. Write a letter | 97. Put seed in bird feeder |
| 26. Sing songs | 64. Name the U.S. Presidents | 100. Reminisce about vacation |
| 27. Take a ride | 65. Give a manicure | |
| 29. Read a poem | 67. Plant a tree | |
| 30. Dye Easter eggs | 68. Make a may basket | |
| 31. Sort socks | 69. Finish a famous saying | |
| 32. Take a walk | 70. Feed the ducks | |
| 33. String fruit loops | 71. Mold dough | |
| 34. String cranberries | 72. Picture books | |
| 35. SNOEZELEN ® | 73. Put a simple puzzle together | |
| 36. Look at photos | 38. Clip coupons | |
Inspirational Poems

My Sonnet: To Bruce

Those tatted, twisted tangles in your brain;
They breed the sadness in those eyes of blue,
Wreak damage, cause dementia—mental pain;
There is no mercy in the waste they do.

You sit almost immobile in your chair;
You must depend on others to be fed;
They give you baths and brush your un-grayed hair;
A Vander-Lift will hoist you to your bed.

I see that tear roll slowly down your cheek.
It's your response to music soft and sweet.

You process what you hear, but cannot speak.
No words will come out right—no phrases neat.

Only death will free these snarls and turn you loose;
"I hope in dreams you're free, my gentle Bruce."

All information is provided by Alternative Solutions in Long Term Care

Much more information is available on the web at
http://www.activitytherapy.com/alzh.htm

This article is made available through The Activity Director’s Office website

http://www.theactivitydirectorsoffice.com

E-mail: admin@theactivitydirectorsoffice.com
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| 23. Life Review | 61. Write a letter  | 97. Put seed in bird feeder |
| 25. Make a Valentine’s collage | 63. Pop popcorn | 99. Roll yarn |
| 26. Sing songs  | 64. Name the U.S. Presidents | 100. Reminisce about vacation |
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| 37. Reminisce   | 38. Clip coupons    |               |
|               |                   |               |