

# Worksheet 3

# Changes to Discuss

Tell your doctor about any changes in your life since your last appointment. The list below can help you think of what to mention. Of course, all the things on this list won't apply at every visit! Tear out this form and make a copy of the blank list so you will always have a clean copy to use. Or you can download additional copies of the form at [www.nia.nih.gov/health/twyd-worksheets](http://www.nia.nih.gov/health/twyd-worksheets). Then, take a minute to think about each of these possible topics. Jot down when you first noticed each change. Use the last column to note any additional information that may be helpful for the doctor to know.

Your Physical Health		
Topic	Date	Notes
Recent hospitalizations or emergencies		
Bone/Joint pain or stiffness		
Bowel/Bladder problems		
Chest pain/Shortness of breath		
Headaches/Feeling dizzy or lightheaded		
Vision/Hearing changes		
Skin changes		
Your Medications, Mental Health, and Lifestyle		
Alcohol use		
Weight changes		

<b>Diet/Appetite changes</b>		
<b>Medications</b>		
<b>Tobacco use</b>		
<b>Your Thoughts and Feelings</b>		
<b>Feeling lonely or isolated</b>		
<b>Feeling sad, down, or blue</b>		
<b>Problems with memory or thinking</b>		
<b>Problems with sleep or changes in sleep patterns</b>		
<b>Everyday Living</b>		
<b>Accidents, injuries, or falls</b>		
<b>Daily activities</b>		
<b>Exercise</b>		
<b>Problems with intimacy or sexual activity</b>		
<b>Driving/Transportation/ Mobility</b>		
<b>Advance directives</b>		
<b>Living situation</b>		

