Dementia Stages Chart Assessment Form

Patient Name:	Date:
Notes:	
No or Little Dementia	
Please mark the appropriate stage an	d note any observations:
Stage 1: No Dementia	
 Normal outward behavior 	
Quality of life: no impact	
• Notes:	
Stage 2: Very Mild Changes	
 Some difficulty finding the right 	words
Normal functioning in daily life	
Quality of life: little to no impact	t
• Notes:	
Stage 3: Mild Changes	
Signs of forgetfulness	
Some difficulty with words or n	ames
Trouble with appointments, mo	ney management
 Quality of life: very little impact 	
• Notes:	
Early-Stage Dementia	
Please mark the appropriate stage:	
Stage 4: Moderate Changes/Milo	I Dementia
 Forget familiar words or names 	3
 Increased trouble with problem 	n-solving
 Difficulty with daily tasks 	
 Quality of life: very little impact 	

Mid-Stage Dementia

	Please	mark	the	ap	pro	priate	stage:
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Stage 5: Moderately Severe Mental Decline/Moderate Dementia
Personality changes and mood swings
Need help with eating or using the toilet
Bladder problems
Quality of life: Moderate impact
• Notes:
Stage 6: Severe Mental Decline/Moderately Severe Dementia
Delusions, wandering off
Difficulty speaking
24-hour care needed
Quality of life: Severe impact
• Notes:
Late-Stage Dementia Please mark the appropriate stage:
Stage 7: Very Severe Mental Decline/Severe Dementia (Final Stage)
Loss of ability to speak, eat, or swallow
Loss of all bladder and bowel control
Almost always disoriented
Quality of life: Very severe impact
• Notes:
Additional Observations and Care Plan
Please describe any additional observations or the care plan for the patient:

Caregiver/Health Professional's Name (Print):	
Signature:	
Date:	

This form provides a comprehensive overview of the stages of dementia and includes specific indicators to help identify and manage the patient's condition. It can be used by healthcare professionals, caregivers, or family members to tailor care based on the current stage and to monitor changes over time.