Memory Care Roadmap for Family Caregivers
A Guide for Families Caring for Their Loved One with Dementia
Roadmap for Family Caregivers

COGNITIVE SCREENING FLOW CHART

Are you concerned about your loved one’s memory? Follow this flow chart to check for memory issues

You can administer AD8 or Family Questionnaire to your loved one

If AD8 score is less than 2 or Family Questionnaire is less than 3

- Do healthy brain exercises
- MIND diet
- Physical exercise

If AD8 score is greater than 2 or Family Questionnaire is greater than 3

- See physician for further evaluation

If no dementia

- Do healthy brain exercises
- MIND diet
- Physical exercise

If diagnosed with dementia

- Set up a Support Team.
- Write a care plan to address your needs.
- Refer to Resources on pages 5–9.

Caregivers should also take care of themselves

Maintain Exercise
- MIND diet

Education and support groups:
- SAVVY Caregiver
- REACH
- Positive Approach Support groups
AD8 Dementia Screening Interview

Remember, "Yes, a change" indicates that there has been a change in the last several years caused by cognitive (thinking and memory) problems.

<table>
<thead>
<tr>
<th></th>
<th>YES, A change</th>
<th>NO, No change</th>
<th>N/A, Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Problems with judgment (e.g., problems making decisions, bad financial decisions, problems with thinking)</td>
<td></td>
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<tr>
<td>2. Less interest in hobbies/activities</td>
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<tr>
<td>3. Repeats the same things over and over (questions, stories, or statements)</td>
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<tr>
<td>4. Trouble learning how to use a tool, appliance, or gadget (e.g., VCR, computer, microwave, remote control)</td>
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<tr>
<td>5. Forgets correct month or year</td>
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<tr>
<td>6. Trouble handling complicated financial affairs (e.g., balancing checkbook, income taxes, paying bills)</td>
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<tr>
<td>7. Trouble remembering appointments</td>
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<tr>
<td>8. Daily problems with thinking and/or memory</td>
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</tbody>
</table>

**TOTAL AD8 SCORE**

Adapted from Galvin JE et al, The AD8, a brief informant interview to detect dementia, Neurology 2005:65:559-564.

Copyright 2005. The AD8 is a copyrighted instrument of the Alzheimer's Disease Research Center, Washington University, St. Louis, Missouri. All Rights Reserved.

The AD8 Administration and Scoring Guidelines

- A spontaneous self-correction is allowed for all responses without counting as an error.
- The questions are given to the respondent on a clipboard for self-administration or can be read aloud to the respondent either in person or over the phone. It is preferable to administer the AD8 to an informant, if available. If an informant is not available, the AD8 may be administered to the patient.
- When administered to an informant, specifically ask the respondent to rate change in the patient.
- When administered to the patient, specifically ask the patient to rate changes in his/her ability for each of the items, without attributing causality.
- If read aloud to the respondent, it is important for the clinician to carefully read the phrase as worded and give emphasis to note changes due to cognitive problems (not physical problems).
- There should be a one second delay between individual items.
- No timeframe for change is required.
- The final score is a sum of the number items marked "Yes, A change".

**Scoring criteria**

Scores in the impaired range (see below) indicate a need for further assessment. Scores in the "normal" range suggest that a dementing disorder is unlikely, but a very early disease process cannot be ruled out. More advanced assessment may be warranted in cases where other objective evidence of impairment exists.

- 0 – 1: Normal cognition
- 2 or greater: Cognitive impairment is likely to be present

**Family Questionnaire**

In your opinion does __________________________________ have problems with any of the following?

Please circle the answer.

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Sometimes</th>
<th>Frequently</th>
<th>Does not apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Repeating or asking the same thing over and over?</td>
<td>Not at all</td>
<td>Sometimes</td>
<td>Frequently</td>
<td>Does not apply</td>
</tr>
<tr>
<td>2. Remembering appointments, family occasions, holidays?</td>
<td>Not at all</td>
<td>Sometimes</td>
<td>Frequently</td>
<td>Does not apply</td>
</tr>
<tr>
<td>3. Writing checks, paying bills, balancing the checkbook?</td>
<td>Not at all</td>
<td>Sometimes</td>
<td>Frequently</td>
<td>Does not apply</td>
</tr>
<tr>
<td>4. Deciding what groceries or clothes to buy?</td>
<td>Not at all</td>
<td>Sometimes</td>
<td>Frequently</td>
<td>Does not apply</td>
</tr>
<tr>
<td>5. Taking medications according to instructions?</td>
<td>Not at all</td>
<td>Sometimes</td>
<td>Frequently</td>
<td>Does not apply</td>
</tr>
</tbody>
</table>

Relationship to patient ________________________________ (spouse, son, daughter, sister, grandchild, friend, etc.)

**Scoring:** Not at all=0, Sometimes=1, Frequently=2. Sum to get total score. A score of 3 or more should prompt the consideration of a more detailed evaluation

*Adapted from the Care Management Advisory Group of the Chronic Care Networks For Alzheimer's Disease Initiative. Full version from: (https://www.alz.org/documents/national/CCN-AD03.pdf)
Is your loved one in the hospital? Follow this flow chart for a smooth transition from the hospital.

Before discharge, ask for a discharge plan to be developed. Hospital staff should provide:
1. Instructions for care and medication
2. Referral for services in the community
3. Instructions on what to do if a problem occurs
4. Follow up appointments with PCP and Specialists

If discharged to another facility for rehabilitation:
- Determine how many days of rehabilitation will be covered by your insurance.
- Apply for Medicaid if needed
- Work with Social Worker or Care Coordinator to help you with long term care options after rehabilitation

If discharged back to residence before hospitalization (home, care home, foster home):
- Call State Health Insurance Assistance Program (SHIP) to help you with any appeals or Medicare questions
  - SHIP Helpline: (808) 586-7299
  - SHIP website: www.hawaiiship.org
- Call Aging and Disability Resource Center (ADRC):
  - (808) 643-ADRC
- Work with PCP for Home health or home care agency referral, if needed

Hospital to Home Discharge Guide:
A Caregiver’s Guide in Choosing a Care Option

Introduction
Caregiving can be stressful and overwhelming for many families. Sometimes seeking outside help can be lifesaver for a caregiver. The extra assistance can help prevent caregiver’s burnout while providing the kind of care that may be beneficial to the person with dementia. When searching for the appropriate service, caregivers may want help from a professional advocate to navigate our long-term care system which can be complex and confusing for many. Caregivers can contact the local county Area Agency on Aging (AAA) that is available in each county. They provide free information and referrals to the public. It is also the designated Aging and Disability Resource Center (ADRC), the one stop shop for information and resources for seniors, people with disabilities and family caregivers. The public may call the statewide number 643-ADRC (2372) or visit their website – www.HawaiiADRC.org to be connected to their local AAA/ADRC. The AAA/ADRC staff will assess the caller’s needs and help identify the different options available in the community.

Options for In-home care
In-home care can help people continue to live independently or with family. Services range from weekly household chores to extensive overnight care. There are two types of in-home care:

1. **Home health care** - Home health care is required if your loved one has extensive medical needs (tube-feeding, medication administration, wound dressing change). A licensed staff (registered nurse or licensed practical nurse) is required to perform skilled nursing care. The fees for Licensed nurses range from $30-50/hour.

2. **Home care** - Home care helps with personal care (bathing, grooming), meal preparation, light housekeeping, companionship, etc. Most individuals can be assisted by a home care aide or certified nurse aide whose rates range from $20-25/hour. Many home care agencies have a minimum requirement of 2-4 hour of services and charges a one-time assessment fee. The agency will develop a plan of care based on the client and family’s needs.


Options for Out-of-home Care
There is a wide range of home and community-based programs for individuals with dementia. Some services offer care during the day, while others can provide 24-hour coverage in the person’s home, and/or full-time residence. Some families use a combination of in-home care and out-of-home care such as adult day care to provide the extra assistance needed especially if they are working caregivers with jobs. These are some out-of-home care options:

- Adult Day Care Center
- Adult Day Health Center (for those who need more assistance during the day)
- Adult Residential Care Homes
- Foster Family Care Homes
- Assisted Living facilities with memory support units
- Nursing Homes

These facilities are designed to help individuals who are in varying stages of dementia. People can participate in a day care program for many years before gradually requiring more medical attention that can be provided by an adult day health center which has licensed nurses. Residential facilities assist individuals who can no longer reside safely in their own homes. Some assisted living and nursing homes offer temporary respite beds for caregivers who need a short break or a vacation. Nursing homes provide extensive medical supervision and extra help for individuals who need more care. Nursing homes are the most expensive long-term care service.

Tips for Selecting a Long-Term Care Provider or Facility trained to provide care for persons with Dementia
✔ Ask if the agency/organization provides services or supports to persons with memory loss or dementia
  - If yes, find out if they have any restrictions or limitations in serving those in advanced or late state dementia or with individuals with challenging behaviors related to dementia such as wandering or aggressive behaviors.
  - Ask if the staff has received dementia-specific training
✔ Ask about security measures to prevent wandering offsite, and search protocol for elopement
✔ Families have the option to ask for another caregiver if not compatible with the dementia client. Sometimes, people interact better with different types of personalities
Counseling, Education, Support & Planning

Link to Caregivers Support Groups
Hawaii (Big Island)

- Alzheimer’s Association Support Group, (800) 272-3900, www.alz.org/crf
- Big Island Stroke Club, 1190 Waianuenue Avenue, Hilo Medical Center (The Learning Center), Hilo 96720, (808) 932-3045

Kauai

- Alzheimer’s Association Support Group, (800) 272-3900, www.alz.org/crf

Maui

- Alzheimer’s Association Support Group, (800) 272-3900, www.alz.org/crf
- Powerful Tools for Caregivers (UH Manoa Extension), 310 Ka’ahumanu Ave., Bldg. 214, Kahului 96732, (808) 244-3242 x226

Oahu

- Alzheimer’s Association Support Group, (800) 272-3900, www.alz.org/crf
- Castle Caregiver Support Group, (808) 263-5400
- Project Dana, Caring for the Caregiver Support Group, 902 University Ave., Honolulu 96826, (808) 945-3736, www.projectdana.org
- VA Caregivers Support Group, 459 Patterson Rd., Honolulu 96819, (808) 433-7646
- Windward Seniors Day Care-CG Support Group, 77 N. Kainalu Dr., Kailua 96734, (808) 261-4947, www.windwardseniordaycarecenter.org/resources.html

Link to Community Resources

- Contact the Alzheimer’s Association – Aloha Chapter 24/7 Helpline at 1-800-272-3900 or www.alz.org/hawaii
- Contact Hawaii Aging and Disability Resource Center (ADRC)* statewide at 643-ADRC (2372)
  TTY line: 643-0889. Or, go to www.HawaiiADRC.org and click on “Professionals & Service Providers”
- Alzheimer’s and Dementia Caregiver Center, www.alz.org/care/
- TrialMatch®, www.alz.org/trialmatch
- NIH Caring for a Person with Alzheimer’s Disease, https://www.nia.nih.gov/alzheimers

Refer to Specialist as Needed

- Neurologist (dementia focus, if possible) https://www.hawaiiadrc.org/site/459/hadssp.aspx
- Geriatrician (A doctor who specializes in treating conditions that affect older adults), https://www.hawaiiadrc.org/site/459/hadssp.aspx

Help with Diagnosis and Behavior Management

Refer to Specialist as Needed

- Neurologist (dementia focus, if possible) https://www.hawaiiadrc.org/site/459/hadssp.aspx
- Geriatrician (A doctor who specializes in treating conditions that affect older adults), https://www.hawaiiadrc.org/site/459/hadssp.aspx

Visit the Aging and Disability Resource Center (https://www.hawaiiadrc.org) for additional resources and information.

Note: Inclusion of an agency/organization in this Roadmap does not imply endorsement by HADSSP

* The Hawaii Aging and Disability Resource Center (ADRC) helps older adults, individuals with disabilities, and family caregivers find options for long term supports and services available to them in the State of Hawaii.
Link to Community Resources (cont’d)
- Contact Case Management Services, By County/Statewide, 643-ADRC (2372), www.HawaiiADRC.org
- Contact Home Care/In Home Assistance, By County/Statewide, 643-ADRC (2372), www.HawaiiADRC.org
- Contact Adult Day Services, By County/Statewide, 643-ADRC (2372), www.HawaiiADRC.org
- Contact Respite Services, By County/Statewide, 643-ADRC (2372), www.HawaiiADRC.org
- Check if Home Care agency, Adult Day Services or Long Term Care Facility is licensed, https://health.hawaii.gov/ohca/state-licensing-section/

Link to Education Resources
- Online Education Programs - Presented by the Alzheimer's Association-Hawaii, 1-800-272-3900, www.alz.org/hawaii/

Counseling, Education, Support & Planning (cont’d)
- Adult Day Services, By County/Statewide, 643-ADRC (2372), www.HawaiiADRC.org
- Sensory aids (hearing aids, pocket talker, glasses, etc.), www.HawaiiADRC.org or 643-ADRC (2372)
- NIH’s Caring for a Person with Alzheimer’s Disease, https://www.nia.nih.gov/alzheimers
- Exercise for Frail and Disabled Elders, By County/Statewide, 643-ADRC (2372), www.HawaiiADRC.org
- Hearing Aid Helpline, 1-800-521-5247, www.ihsinfo.org
- Seniors EyeCare Program, www.eyecareamerica.org

Stimulation/Activity/Maximizing Function
- Family oversight or health care professional monitoring
- Identify all medications, including over-the-counter medications, vitamins and herbal remedies
- Educate patient and care partner on medication management aids (pill organizers, dispensers, alarms)
- Use a tool like “Tracking Your Medication Worksheet” and share the list with the healthcare team, https://www.nia.nih.gov/health/tracking-your-medications-worksheet
- Hawaii SHIP-Eligibility and help choosing a health plan, https://hawaiiship.org
  (808) 586-7299, 1-888-875-9229

Medication Therapy and Management
- Screening diverse populations, https://actonalz.org/screening-diverse-populations
- HADI culturally competent resources, www.hawaii.edu/aging/coa-projects-all/hadi-project/hadi-resources/
- For materials in different languages, go to Alzheimer’s Association (www.alz.org), scroll down to the bottom of the page and click on “Select Language”.
Safety

Note: Individuals with dementia are vulnerable adults and may be at a higher risk for elder abuse and exploitation.

**Driving**
- Refer to driving rehab specialist/occupational therapist for clinical and/or in-vehicle evaluation
- Understanding Dementia and Driving, https://www.thehartford.com/resources/mature-market-excellence/dementia-driving
- At the Crossroads Guidebook, https://s0.hfdstatic.com/sites/the_hartford/files/cmme-crossroads.pdf
- Rehab Hospital Driving Evaluation and Training Program, 226 N. Kuakini St., Honolulu 96817 (808) 566-3762, www.rehabhospital.org

**Fall Prevention**
- Preventing Falls Among Older Adults, https://health.hawaii.gov/injuryprevention/home/preventing-falls/information/
- Refer to an occupational therapist and/or physical therapist to address fall risk, sensory/mobility aids and home modifications
- Project Dana Fall Prevention Program, 902 University Ave., Honolulu 96826, (808) 945-3736, www.projectdana.org
- Connect America (Medical Alert System), 98-030-Hekaha St. #4 Aiea 96701, (808) 721-1201, www.connectamerica.com

**Wandering**

**Legal/Financial**
- Encourage patient, as appropriate, to include designating an agent and an alternate agent in a durable power of attorney for health care decisions and to designate an agent or alternative agent in a durable power of attorney for legal and financial matters.
  - "Deciding What Matters and What to Do", www.hawaii.edu/uhelp/handbook.htm
- Refer to elder law attorney as needed
  - University of Hawaii Elder Law Program, www.hawaii.edu/uhelp/
  - Legal Aid Society of Hawaii, www.legalaidhawaii.org
- Consumer Credit Counseling Services of Hawaii, www.cccsofhawaii.org/
- Guardianship Pro-se Packet, Steps to establish guardianship of an incapacitated person, https://www.courts.state.hi.us/docs/1FP/ProSelIncap.pdf
- Affordable Lawyers Project, (808) 527-8027

**Preventing Elder Abuse, Neglect and Fraud**
- Monitor for Elder Abuse, Neglect and Fraud. If suspected, contact Adult Protective Services, www.humanservices.hawaii.gov/ssd/home/adult-services/
- Elder Abuse Justice Unit, Office of the Prosecuting Attorney, Honolulu, (808) 768-6452, https://honoluluprosecutor.org/elder-abuse-justice-unit/; Hawaii County, (808) 934-3461; Maui County, (808) 270-7777; Kauai County, (808) 241-1888
Preventing Elder Abuse, Neglect and Fraud (cont’d)

- Information about Medicare/Medicaid Fraud, Contact Senior Medicare patrol (SMP), 1-800-296-9422, www.smphawaii.org
- Federal Hotline on Medicare, Medicaid or health care fraud- Inspector General’s Office, 1-800-447-8477
- Long-Term Care Ombudsman, (808) 586-7268, for complaints by or on behalf of residents in long-term care facilities

Hawaii Advance Care Planning and POLST Forms:

- Refer to advance care planning facilitator within system, if available
- Encourage, as appropriate, execution of advance health care directive and POLST forms
- Refer to Your Conversation Starter Kit for Families and Loved Ones of People with Alzheimer’s Disease or Other Forms of Dementia, https://theconversationproject.org/wp-content/uploads/2017/02/ConversationProject-StarterKit-Alzheimers-English.pdf
- University of Hawaii Elder Law Program, 2515 Dole St. #201 Honolulu 96822, (808) 956-6544, www.hawaii.edu/uhelp

Safety (cont’d)
Roadmap for Family Caregivers
DEMENTIA RESOURCES - Continued

Other Dementia Resources

- Hawaii Alzheimer’s Disease Initiative (HADI), www.hawaii.edu/aging/hadi
- Dementia Friends Hawaii, www.agefriendlyhawaii.com/dementia-friends/
- Dementia Friends USA, https://dementiafriendsusa.org
- Dementia Friends Japan, https://www.alz.co.uk/dementia-friendly-communities/japan

COVID-19 and Dementia Resources

Hawaii COVID-19 Resources
  (808) 521-8961, www.hah.org
- Hawaii Public Health Institute, 850 Richards St #210, Honolulu 96813,
  (808) 591-6508, www.hiphi.org/covid19/

National COVID-19 Resources and Links
- National Alzheimer’s and Dementia Resource Center (NADRC), http://nadrc.acl.gov
- University of California San Francisco COVID-19 Memory and Aging Center, https://memory.ucsf.edu/covid
- Administration for Community Living (ACL), https://acl.gov/COVID-19
- Mindset Centre For Living With Dementia, www.mindsetmemory.com

International COVID-19 Resources and Links

** If the business is not listed in the Department of Health, check for their business registration in the Hawaii Department of Commerce and Consumer Affairs (DCCA). You can also see if any complaints were filed against the company or individual: https://cca.hawaii.gov/
### Roadmap for Family Caregivers

#### HELPFUL TIPS

#### Some do’s and don’ts for effective communication with persons with dementia

<table>
<thead>
<tr>
<th>DO</th>
<th>DON’T</th>
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<tbody>
<tr>
<td>• Do use their first name to get their attention</td>
<td>• Don’t interrupt</td>
</tr>
<tr>
<td>• Do speak in a normal tone of voice at a normal volume</td>
<td>• Don’t reason</td>
</tr>
<tr>
<td>• Do your best to eliminate any distractions such a TV or radio</td>
<td>• Don’t argue</td>
</tr>
<tr>
<td>• Do give short, one sentence explanations</td>
<td>• Don’t confront</td>
</tr>
<tr>
<td>• Speak slowly and clearly</td>
<td>• Don’t question recent memory</td>
</tr>
<tr>
<td>• Allow plenty of time for comprehension</td>
<td>• Don’t insist, try again later</td>
</tr>
<tr>
<td>• Agree with them or distract them to a different subject or activity</td>
<td>• Don’t criticize or correct</td>
</tr>
<tr>
<td>• Accept the blame when something’s wrong (even if it’s a fantasy)</td>
<td>• Don’t take it personally</td>
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<tr>
<td>• Do encourage reminiscing if it is enjoyable to the person</td>
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<tr>
<td>• Respond to the feelings rather than the words</td>
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<tr>
<td>• Be patient, cheerful, and reassuring</td>
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<tr>
<td>• Go with the flow</td>
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</tbody>
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<table>
<thead>
<tr>
<th>NORMAL AGING</th>
<th>SERIOUS MEMORY PROBLEM (like Alzheimer’s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Making a bad decision once in a while</td>
<td>Making poor judgments and decisions a lot of the time</td>
</tr>
<tr>
<td>Missing a monthly payment</td>
<td>Problems taking care of monthly bills</td>
</tr>
<tr>
<td>Forgetting which day it is but remembering it later</td>
<td>Losing track of the date or time of the year</td>
</tr>
<tr>
<td>Sometimes forgetting which word to use</td>
<td>Trouble having a conversation</td>
</tr>
<tr>
<td>Misplacing things from time to time and retracing steps to find them</td>
<td>Misplacing things and losing the ability to retrace steps</td>
</tr>
</tbody>
</table>

Symptoms and Duration: Alzheimer’s symptoms vary. The information below provides a general idea of how abilities change during the course of the disease. Not everyone will experience the same symptoms nor progress at the same rate. Find additional information on the stages of Alzheimer’s at: https://www.alz.org/alzheimers-dementia/stages

Mild Cognitive Impairment (MCI)
https://www.mayoclinic.org/diseases-conditions/mild-cognitive-impairment/symptoms-causes/syc-20354578

- Mild forgetfulness
- Increasingly overwhelmed by making decisions, planning steps to accomplish a task or interpreting instructions
- Mild difficulty finding way in unfamiliar environments
- Mild impulsivity and/or difficulty with judgment
- Family and friends notice some or all of these symptoms
- IADLs* only mildly compromised; ADLs* are intact

Alzheimer’s Disease
Early Stage
2-4 years in duration

- Increased short-term memory loss
- Difficulty keeping track of appointments
- Trouble with time/sequence relationships
- More mental energy needed to process information
- Trouble multi-tasking
- May write reminders, but lose them
- Mild mood and/or personality changes
- Increased preference for familiar things
- IADLs more clearly impaired; ADLs slightly impaired

Alzheimer’s Disease
Middle Stage
2-10 years in duration

- Significant short-term memory loss; long-term memory begins to decline
- Fluctuating disorientation
- Diminished insight
- Changes in appearance
- Learning new things becomes very difficult
- Restricted interest in activities
- Declining recognition of acquaintances, relatives
- Mood and behavioral changes
- Alterations in sleep and appetite
- Wandering
- Loss of bladder control
- IADLs and ADLs broadly impaired

Alzheimer’s Disease
Late Stage
1-3 years in duration

- Severe disorientation to time and place
- No short-term memory
- Long-term memory fragments
- Loss of speech
- Difficulty walking
- Loss of bladder/bowel control
- No longer recognizes family members
- Inability to survive without total care

*IADLs (Instrumental Activities of Daily Living) are activities that allow people to live independently such as shopping, preparing food, housekeeping, managing finances
*ADLs (Activities of Daily Living) are activities for self-care such as feeding, toileting, dressing, bathing
Mediterranean-DASH Intervention for Neurodegenerative Delay (MIND) diet
The MIND diet is a combination of the Mediterranean and Dietary Approaches to Stop Hypertension (DASH) diets. It aims to reduce the risk of developing dementia and improve brain health. Please consult with your physician first.

### The MIND Diet - 9 Foods to Eat

<table>
<thead>
<tr>
<th>FOOD</th>
<th>QUANTITY &amp; SERVINGS</th>
<th>EXAMPLES &amp; TIPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green Leafy Vegetables</td>
<td>At least 1 serving/day</td>
<td>Spinach, kale, collards, Swiss chard, mustard greens, dandelion greens, arugula, endive, grape leaves, romaine lettuce</td>
</tr>
<tr>
<td></td>
<td>*One serving = 1 cup raw or ½ cup cooked</td>
<td></td>
</tr>
<tr>
<td>Most Other Vegetables</td>
<td>At least 1 serving/day</td>
<td>Asparagus, broccoli, brussels sprouts, cabbage, carrots, cauliflower, eggplant, green beans, mushrooms, onions, okra, snow peas, squash, bell peppers, sweet potatoes, tomatoes/tomato sauce</td>
</tr>
<tr>
<td></td>
<td>*One serving = ½ cup</td>
<td></td>
</tr>
<tr>
<td>Nuts</td>
<td>5 oz. total/week</td>
<td>Peanuts, almonds, walnuts, cashews, pistachios, or Nut butter</td>
</tr>
<tr>
<td></td>
<td>*One serving = 1 oz.</td>
<td></td>
</tr>
<tr>
<td>Berries</td>
<td>At least 5 servings/week</td>
<td>Blueberries, strawberries, raspberries, blackberries</td>
</tr>
<tr>
<td></td>
<td>*One serving = ½ cup</td>
<td></td>
</tr>
<tr>
<td>Beans/Legumes</td>
<td>At least 3 servings/week</td>
<td>Black, pinto, cannellini, garbanzo, kidney, lima, red/white, navy, lentils, tofu, edamame, hummus, soy yogurt</td>
</tr>
<tr>
<td></td>
<td>*One serving = ½ cup</td>
<td></td>
</tr>
<tr>
<td>Whole Grains</td>
<td>3 servings/day, every day</td>
<td>Dark or whole grain bread, brown rice, whole grain pasta, wild rice, quinoa, barley, bulgur, farro, oats, whole grain cereal</td>
</tr>
<tr>
<td></td>
<td>*One serving = ½ cup or 1 slice</td>
<td></td>
</tr>
<tr>
<td>Fish</td>
<td>At least 1 serving/week</td>
<td>*Not Fried</td>
</tr>
<tr>
<td></td>
<td>*One serving = 3 to 5 oz.</td>
<td>Salmon, tuna, tilapia, cod, mahi mahi, halibut</td>
</tr>
<tr>
<td>Poultry</td>
<td>At least 2 servings/week</td>
<td>*White meat &amp; Skinless</td>
</tr>
<tr>
<td></td>
<td>*One serving = 3 to 5 oz.</td>
<td>Chicken or turkey breast</td>
</tr>
<tr>
<td>Extra Virgin Olive Oil</td>
<td>2 TB/day</td>
<td>Use EVOO as primary oil</td>
</tr>
<tr>
<td></td>
<td>*One serving = 2 TB</td>
<td>Look for Unrefined EVOO</td>
</tr>
</tbody>
</table>

### The MIND Diet - 5 Foods to Avoid

<table>
<thead>
<tr>
<th>FOOD</th>
<th>QUANTITY &amp; SERVINGS</th>
<th>EXAMPLES &amp; TIPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Red Meat &amp; Processed Meat</td>
<td>No more than 3 servings/week</td>
<td>Beef, lamb, pork, ham, burger, hot dogs, sausages, bacon, roast beef, salami</td>
</tr>
<tr>
<td></td>
<td>*One serving = 3 to 5 oz.</td>
<td></td>
</tr>
<tr>
<td>Butter &amp; Stick Margarine</td>
<td>Less than 1 pat (tsp)/day</td>
<td>*Use EVOO instead</td>
</tr>
<tr>
<td></td>
<td></td>
<td>*Smart Balance, Earth Balance</td>
</tr>
<tr>
<td>Regular Cheese</td>
<td>No more than 2 oz./week</td>
<td>Full fat cheeses</td>
</tr>
<tr>
<td>Pastries &amp; Other Sweets</td>
<td>No more than 4 treats/week</td>
<td>Biscuit/roll, pop tarts, cake, snack cakes/Twinkies, Danish/ sweet rolls/pastry, donuts, cookies, brownies, pie, candy bars, other candy, ice cream, pudding, milkshakes</td>
</tr>
<tr>
<td>Fried Foods &amp; Fast Foods</td>
<td>No more than 1 meal/week</td>
<td>Fast food or Fast casual restaurants</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Any fried foods including fried potato chips</td>
</tr>
</tbody>
</table>

10 WAYS TO LOVE YOUR BRAIN

START NOW. It’s never too late or too early to incorporate healthy habits.

BREAK A SWEAT
Engage in regular cardiovascular exercise that elevates heart rate and increases blood flow. Studies have found that physical activity reduces risk of cognitive decline.

HIT THE BOOKS
Formal education will help reduce risk of cognitive decline and dementia. Take a class at a local college, community center or online.

FOLLOW YOUR HEART
Risk factors for cardiovascular disease and stroke — obesity, high blood pressure and diabetes — negatively impact your cognitive health.

STUMP YOURSELF
Challenge your mind. Build a piece of furniture. Play games of strategy, like bridge.

HEADS UP!
Brain injury can raise risk of cognitive decline and dementia. Wear a seat belt and use a helmet when playing contact sports or riding a bike.

FUEL UP RIGHT
Eat a balanced diet that is higher in vegetables and fruit to help reduce the risk of cognitive decline.

BUTT OUT
Smoking increases risk of cognitive decline. Quitting smoking can reduce risk to levels comparable to those who have not smoked.

BUDDY UP
Staying socially engaged may support brain health. Find ways to be part of your local community or share activities with friends and family.

CATCH SOME ZZZ’S
Not getting enough sleep may result in problems with memory and thinking.

TAKE CARE OF YOUR MENTAL HEALTH
Some studies link depression with cognitive decline, so seek treatment if you have depression, anxiety or stress.

Growing evidence indicates that people can reduce their risk of cognitive decline by adopting key lifestyle habits. When possible, combine these habits to achieve maximum benefit for the brain and body.

https://www.alz.org/help-support/brain_health/10_ways_to_love_your_brain

alzheimer’s association
THE BRAINS BEHIND SAVING YOURS’
To care for those who once cared for us is one of the highest honors.
- Tia Walker
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