



Name _____

Eight As

[NOTE – The order of conditions on this sheet is not the same as on the Information Sheet]

A _____

- Difficulty initiating purposeful movements
- Difficulty directing body parts to do familiar tasks
- Difficulty understanding directions - up, down, back, front, left, right

A _____

- Loss of language (both speech & comprehension)
- Word finding difficulties
- May not participate in conversations
- May revert to first language

A _____

- Loss of recognition of sensory information (sight, sound, taste, touch, smell)
- May misinterpret what is seen/heard, etc.

A _____ **P** _____

- Misinterpretation of sensory information
- May lead to illusions and/or delusions
- Loss of colour and visual perception
- Loss of depth perception

A _____

- Memory loss
- May not remember recent conversations, comments, questions
- Access to information is from the past
- Difficulties with sequencing activities (what happened before, what happens next?)

A _____

- Loss of knowledge of the illness
- Unaware of deficits in cognitive abilities
- Forget they forget so blame others when things go wrong

A _____

- Loss of drive
- Reduced or no initiation of activity
- Little or no emotional response

A _____ **D** _____

- Short attention span
- Easily distracted, tendency to drift away (although at times can be hyper focused)
- Restlessness, constant motion, legs moving, fidgetiness