







## Using the Five Senses to Support Residents with Dementia

Stimulating the senses for someone with Alzheimer's disease or another form of dementia can positively or negatively affect his or her mood, behaviors and even sleep patterns. That is why activities that focus on the five senses can be a big part of providing person-centered care to a resident with dementia.



#### The Sense of Sight

Visual stimulation can involve light, color, shapes, motion or a combination of these. To appeal to the sense of sight, use any of the following, ask the resident what he or she likes or develop your own ideas:

- Look at photographs of resident's family or friends
- Read newspapers or magazines
- Look at or create colorful artwork

- Collect autumn leaves
- Watch nature videos or documentaries
- Provide natural light or sit near windows



### The Sense of Hearing

Auditory stimulation can affect a person's mood. Music, natural sounds or other familiar noises can be calming. Ask the resident what sounds he or she likes or provide him or her with some of these options:

- Listen to music that means something to the resident
- Provide an instrument or play the piano together
- Plan a sing-along

- Exercise with music
- Attend a local concert or watch a concert on video



#### The Sense of Smell

Some of our strongest memories are tied to our sense of smell. Unfortunately, smell and taste naturally deteriorate with age. You can keep the sense of smell sharp by providing stimulating aromas. For example:

- Decorate with fresh flowers
- Provide oils or candles with strong scents (e.g., lavender, lemon, peppermint)
- Bake bread or a favorite food with resident
- Provide scented soaps or lotions



#### The Sense of Taste

Like smell, a favorite meal or a special dish can remind us of holidays, special occasions or other happy events from our past. To appeal to a resident's sense of taste, you can:

- Learn his or her favorite spices and cook with them
- Dip veggies or pretzels in various sauces (e.g., BBQ, ranch, honey mustard)
- Keep a variety of herbal or flavored teas
- Host a tasting event (e.g., chocolate, cheese, yogurt)
- Cook resident's favorite meal with him or her



#### The Sense of Touch

Anything we come into contact with has a texture, a temperature, a shape. Touching something sends a message to our brain, so tactile stimulation is also brain stimulation. To incorporate touch into activities:

- Massage the resident's shoulders, feet or hands
- Collect pinecones

- Comb the resident's hair
- Encourage family to bring their pet on visits

Resouces: "Dementia and Using the Five Senses," written by Asha Grinnell for Dementia Today, www.seniorhomes.com; "Sensory Stimulation for Alzheimer's and Dementia," written by John Schmid for Best Alzheimer's Products, www.best-alzheimers-products.com





# **Five Senses Questionnaire**

Use this questionnaire to find out a resident's preferences when it comes to the five senses. You can ask the resident these questions or talk to his or her family. Use what you learn to help provide personalized care for this resident.

| Name:                                          |               |               | Date:                     |    |
|------------------------------------------------|---------------|---------------|---------------------------|----|
| Sight                                          |               |               |                           |    |
| Do you have a favorite photo or piece of a     | rt you wou    | ld like to ha | ve in your room?          |    |
| What do you find beautiful or enjoy looking    | ng at?        |               |                           |    |
| Do you have a favorite movie or television     | n show you    | would like    | to watch from time to tim | e? |
| Hearing                                        |               |               |                           |    |
| Do you like music? If so, what is your fav     | orite kind o  | of music? Fa  | vorite band or singer?    |    |
| Do you play an instrument?                     |               |               |                           |    |
| Do you like to sing?                           |               |               |                           |    |
| Smell                                          |               |               |                           |    |
| What is your favorite smell? Do you have       | a favorite f  | lower?        |                           |    |
| Is there a smell you really don't like and v   | would prefe   | r to avoid?   |                           |    |
| Taste                                          |               |               |                           |    |
| What is your favorite food(s) or meal?         |               |               |                           |    |
| What spices do you like to have in your fo     | ood?          |               |                           |    |
| What foods don't you like?                     |               |               |                           |    |
| Touch                                          |               |               |                           |    |
| Do you have a favorite fabric? A favorite      | sweater or    | a blanket yo  | u like to have?           |    |
| Is there a fabric or material you find irritat | ing or do n   | ot like to we | ear?                      |    |
| Do you or your family have a pet you wou       | ıld like to s | ee during vis | sits? Yes                 | No |
| If yes, what is it: Dog (name:                 |               | )             | Cat (name:                | )  |
| Do you like receiving massages?                | Yes           | No            |                           |    |
| Is it ok for people to touch your hands?       | Yes           | No            |                           |    |
| Feet?                                          | Yes           | No            |                           |    |
| Shoulders?                                     | Yes           | No            |                           |    |