

# All about me

## *Guidance notes*

**My eyesight:** Are your eyes sensitive to the light? Do you have double or blurred vision? Do you find it difficult to open or close your eyelids? Do you find it hard to move your eyes up or down? Do you have very dry or very wet eyes? Do you use any specialist glasses or require regular eye drops?

**My cognition and mood:** Do you find it difficult to understand what is being said to you, or to get your point across? Do you find it hard to sequence events or actions in your head, so that it becomes difficult for you to do two things at once? Do you feel tired and find it hard to be motivated? Do you sometimes act impulsively or in a way that may put you in danger?

**The best way we can communicate is:** Do you have problems with speech? Do you use any communication aids? Does it help you to write things down? How do you let others know you need something? Does fatigue make communication difficult? Is it hard for you to move your eyes and make eye contact with others? Do you wear glasses or hearing aids? Include anything that may help staff to understand your needs.

**My mobility:** Do you need help to move around? Do you use any walking aids? Can you use the stairs safely? Do you need any specialist seating or cushions? Do you sometimes try to stand or walk alone even though your balance is not good?

**My sleep:** Do you have difficulty falling asleep or staying asleep? Do you need to have regular rests throughout the day? Do you need to go to the toilet more at night? Do you experience muscle spasms or pain? Do you require any specialist equipment or mattresses?

**My personal care:** Do you prefer a bath or shower? How much help do you need to carry out your everyday personal care tasks? Do you prefer a male or female carer? How do you like to style your hair, or apply your make-up. List your personal care preferences.

**My eating and drinking:** Do problems with vision make it hard for you to see your plate? Do you use special cutlery? Do you require your food to be cut into small pieces? Do you wear dentures? Is it difficult to swallow food or drink? Do you need a soft or pureed diet? Do you need thickened fluids? Is your appetite affected by your mood? Do you have a PEG tube fitted?

**My medication:** How do you take your medication? Do you prefer to take liquid medication? Do you have to take regular medication at very strict times?

**Other notes about me:** Include any details here that are not listed above but are important to you.

For more information on on PSP or CBD contact the  
PSP Association Helpline and Information Advisory Service

**Telephone: 0300 0110 122**

**Email: [helpline@pspassociation.org.uk](mailto:helpline@pspassociation.org.uk)**



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