

# Future Thought Training

**Client Name:** \_\_\_\_\_

We would like to get an idea of how your memory is working outside of the clinic. For this reason, we will select ten tasks/activities for you to perform in the future and a significant other of yours will help evaluate your ability to perform these tasks. We would like to choose settings and activities that well span at least several hours and that are familiar to you. Also, please try to choose a day when things are on “regular” schedule (e.g., you do not have out of town guests and there is not something newly stressful like beginning a remodeling project). Listed below are some examples.

| <b>Setting</b>           | <b>Types of Memory Tasks</b>  |
|--------------------------|---|
| Errands in the Community | <ol style="list-style-type: none"><li>1. Remembering to get specific items in the grocery store.</li><li>2. Remembering to go to different places to do errands (e.g., post office, bank machine, fill car with gas).</li></ol>   |
| Home Projects            | <ol style="list-style-type: none"><li>1. Remembering to do certain cleaning or gardening chores.</li><li>2. Remembering to make phone calls, take pills, do certain correspondence.</li><li>3. Remembering to take something out of the oven, to move wash to dryer, to tape a t.v. show.</li></ol> |
| Hobbies                  | <ol style="list-style-type: none"><li>1. Remembering to do next step in a project after waiting period (e.g., after glue dries, you can put on decals).</li></ol>   |

**Activity 1:** \_\_\_\_\_

**Activity 2:** \_\_\_\_\_

**Activity 3:** \_\_\_\_\_

**Activity 4:** \_\_\_\_\_

**Activity 5:** \_\_\_\_\_

**Activity 6:** \_\_\_\_\_

**Activity 7:** \_\_\_\_\_

**Activity 8:** \_\_\_\_\_

















