

Cognitive Health Questionnaire

Name:

Date of birth:

Date:

Please check all that apply.

Do you...

- Often stumble into things that are near you?
- Have difficulty concentrating or following up on tasks (such as following recipes, creating lists, and work related projects)?
- Feel you are paying less attention to your hobbies and/or social events you usually enjoy?
- Have difficulty following a conversation?
- Sometimes have difficulty finding words to describe things?
- Have difficulty remembering important birthdays and/or anniversaries?
- Misplace things often and have a difficult time finding them?
- Feel fatigued during the day?
- Have difficulty seeing, hearing, or find yourself disengaging from events due to problems hearing/seeing?
- Exercise regularly and make an effort to eat a balanced diet?
- Take medication for high blood pressure, high cholesterol, high triglycerides, diabetes or any other condition?