患者姓名 *(Patient Name)* :
出生日期 *(Date of Birth)* :
填写日期 *(Date)* :
种族(*Race:)* 主要语言(*Primary Language):* 受教育年数(*Years of Education):*
填写问卷的人的姓名： （若不是患者，请代表患者回答以上问题。） *(Name of Person Completing Questionnaire:* *If other than patient. Please respond to questions on behalf of patient above.)*
与患者的关系 *(Relationship to Patient)*:
您多久会去探望患者一次： 每天☐ 每周☐ 每个月☐ 每三个月☐ 每六个月☐ 每年☐ *(How often do you spend time with patient:* *Daily☐ Weekly☐ Monthly☐ Every 3 month☐ Every 6 month☐ Yearly☐)*
该问卷将协助医疗团队完成对患者的评估。 请： ➢ 尽你所能诚实地回答这些问题。 ➢ 具体形容。例如，“上周二，我的亲人在从商店回家的路上迷路了。很可怕。” 除了以下问题外，医疗人员还可能会询问有关以下方面的详细信息： ➢ 过去和现在的医疗问题和手术史 ➢ 家族病史 ➢ 患者的社会史 ➢ 患者目前正在服用的所有药物，包括：处方药、非处方维生素、阿司匹林等，草药补充剂 ➢ 过去或现在使用：酒精、大麻 (CBD/THC) 或其他社会药物，如兴奋剂、麻醉剂或镇静剂。 *This questionnaire will assist the medical team in completing the patient's evaluation.* *Please:* ➢ *Answer these questions honestly and to the best of your ability.* ➢ *Be specific. For example, "Last Tuesday, my loved one got lost on the way home from the store. It was scary."* *In addition to the questions below the medical provider may also ask details about:* ➢ *Past and current medical problems and surgical history* ➢ *Family medical history* ➢ *The patient's social history* ➢ *All medications that the patient is currently taking including: prescription medications, over-the-counter vitamins, aspirin, etc. herbal supplements,* ➢ *Past or present use of: alcohol, marijuana (CBD/THC) or other social drugs such as stimulants, narcotics, or sedatives.*

问题：请勾选所有符合的项目： *(Question: check all that apply)*	是 *(YES)*	若需要，可于下方提供更多资讯： *(Please provide additional comments if necessary:)*
患者在记忆方面有任何问题吗？ *(Does the patient have any problems with memory?)*		
患者是否经常忘记个人物品放置的位置（例如手机，钥匙）？ *(Does the patient misplace items often (e.g., phone, keys)?)*		
患者是否更依赖记录或写下来的方式提醒自己？ *(Does the patient rely more on notes?)*		
与久远的记忆相比，患者回忆起近期的记忆（例如最近的谈话内容或发生的事情）是否更为困难？ *(Does the patient have trouble with recent memory (conversations, recent events) compared to remote memory?)*		
患者是否会重复问同样的问题吗？ *(Does the patient ask repetitive questions?)*		
患者在表达自己、理解文字或与他人对话时，是否有困难？ *(Does the patient have difficulty expressing words, difficulty understanding words or conversations?)*		
患者会不会想不起要使用的字词或名称吗？ *(Does the patient have difficulty finding the word or name they want to use?)*		
患者是否有困难理解别人在对他/她说什么吗？ *(Does the patient have difficulty understanding what people are saying to them?)*		
对于以前可以轻易发音的单词，患者现在却出现发音困难？ *(Does the patient have any difficulty pronouncing words that were easy for them to pronounce in the past?)*		
对于家里或工作上会遇到的复杂事物，患者是否有困难筹备、开始或完成它们呢？ *(Does the patient have difficulty planning, starting, or finishing complicated tasks at home or at work?)*		
患者是否有困难保持住处或办公室像过去一样整洁呢？ *(Does the patient have difficulty keeping their home or office as neat and organized/clean as it used to?)*		
患者是否容易因为分心而无法完成差事或工作？ *(Does the patient have problems finishing a task because they get distracted easily?)*		

问题：请勾选所有符合的项目： *(Question: check all that apply)*	是 *(YES)*	若需要，可于下方提供更多资讯： *(Please provide additional comments if necessary:)*
患者走路或开车时会迷路吗？ *(Does the patient get lost while walking or driving?)*		
患者是否有困难开车或步行到熟悉的地方呢？例如杂货店、邮局、朋友的房子等 *(Does the patient have difficulty driving or walking to familiar places? i.e., grocery store, post office, friend's house, etc.)*		
患者会在熟悉的商店或餐厅迷路吗？ *(Does the patient get lost in a familiar store or restaurant?)*		
患者在视觉上或判断距离上是否有困难吗？ *(Does the patient have difficulty seeing things properly or judging distances properly?)*		
患者开车时是否有发生撞伤或车祸的现象吗？ *(Does the patient's motor vehicle show evidence of damage?)*		
患者是否有困难坐在椅子的正中央？ *(Does the patient have difficulty figuring out how to position themselves to sit in a chair?)*		
患者是否觉得阅读时看不清楚吗？ *(Does the patient complain of difficulty seeing while reading?)*		
患者是否觉得眼睛视力不好？ *(Does the patient complain that their eyes do not work?)*		
患者看眼前的事物有困难吗？ *(Does the patient have trouble seeing things that are right in front of them?)*		
患者在认人方面有困难吗？ *(Does the patient have difficulty recognizing people?)*		
患者的情绪有变化吗？ *(Has the patient's mood changed?)*		
患者会常常掉眼泪吗？ *(Does the patient cry a lot?)*		
患者对生活或未来的人生是否感到绝望？ *(Does the patient feel hopeless about life or about the future?)*		
患者是否觉得自己一文不值或者生命没有意义？ *(Does the patient feel worthless or bad about themselves?)*		

问题：请勾选所有符合的项目： *(Question: check all that apply)*	是 *(YES)*	若需要，可于下方提供更多资讯： *(Please provide additional comments if necessary:)*
患者有没有对过去喜欢的事物丧失动力及兴趣？ *(Has the patient lost motivation or energy to do things they used to enjoy?)*		
患者对社交活动的兴趣是否减少？ *(Does the patient have decreased interest in social activities?)*		
患者对教会或社区的团体是否缺乏兴趣？ *(Does the patient have decreased interest in church or community groups?)*		
患者对之前的爱好是否丧失兴趣？ *(Does the patient have decreased interest in hobbies?)*		
患者现在更容易生气吗？ *(Does the patient become angry more easily?)*		
对于过去不会生气的事情，患者是否现在容易感到生气？ *(Does the patient get angry about things that would not have bothered them in the past?)*		
有时候有些病人会忽略公共场合该有的社交礼仪。请问患者有这方面的倾向吗？ *(Sometimes we have patients who seem to forget how to behave in public. Has this been an issue for the patient?)*		
患者有做过任何让家人感到尴尬的行为举止吗？例如：在公共场合大声说他人是胖子等。 *(Has the patient done anything that may have been embarrassing to the family? e.g., calling people fat in public when they might hear?)*		
患者是否有在社交场合讲过不适当的玩笑或言语？ *(Has the patient ever told dirty jokes in inappropriate situations?)*		
患者是否曾经对陌生人透露过多的个人或家庭的隐私？ *(Has the patient ever told personal things about themselves or family to strangers?)*		
患者是否曾经在餐厅吃陌生人盘子里的剩饭剩菜？ *(Has the patient ever eaten from other people's plates at restaurants?)*		
请问患者是否有过特异或不现实的信念或想法？ *(Has the patient had any problems with beliefs that are unusual or not realistic?)*		

患者是否认为有他人想骚扰或伤害自己？ *(Does the patient feel like someone is out to get them?)*		

问题：请勾选所有符合的项目： *(Question: check all that apply)*	是 *(YES)*	若需要，可于下方提供更多资讯： *(Please provide additional comments if necessary:)*
患者是否觉得自己有超能力？与名人或者有权势的人物有特别关系？ *(Does the patient feel like they might have special powers or special relationships with famous or powerful people?)*		
患者是否能看到或听到他人看不到或听不到的人事物？ *(Has the patient been seeing or hearing anything that might not be there (or others can't see or hear)?)*		
患者是否易对某些想法执着，以至于无法在脑海中摆脱它或因它而发展出特定的仪式／常规？ *(Has the patient become fixated on certain ideas that they can't get out of their head or have developed any specific rituals?)*		
患者是否会执着于某些政治或宗教思想？ *(Does the patient have any obsessions with certain political or religious ideas?)*		
患者是否有非常严格的时间观念或必须严格遵照固定的日常生活习惯／时间表？ *(Does the patient have any obsessions about timing or routine being adhered to precisely?)*		
患者是否对特定的游戏、电影或娱乐极为沉迷？ *(Does the patient have any obsessions with specific games, movies, or specific forms of entertainment?)*		
患者的睡眠习惯与品质有任何改变吗？ *(Does the patient have any changes in sleep?)*		
患者会经常在深夜时醒来吗？ *(Does the patient wake up a lot in the middle of the night?)*		
患者会有困难入眠吗？ *(Does the patient have problems falling asleep?)*		
患者的伴侣是否报告过患者会把梦境演绎出来？（例如：睡梦中大喊大叫或拳打脚踢？） *(Has the patient's partner reported that the patient may have problems acting out dreams (yelling, screaming, hitting)?)*		
患者睡觉会打呼吗？ (Does the patient snore?)		

患者的伴侣是否报告过患者睡觉时有停止呼吸的迹象？ *(Has the patient's partner ever reported that the patient may have breathing stoppages while they sleep?)*		

问题：请勾选所有符合的项目： *(Question: check all that apply)*	是 *(YES)*	若需要，可于下方提供更多资讯： *(Please provide additional comments if necessary:)*
患者白天会嗜睡吗？ *(Is the patient sleepy during the day?)*		
患者的饮食习惯是否有改变吗？ *(Have there been changes in the patients eating habits?)*		
患者会比以前吃得更多或更少吗？ *(Has the patient been eating more or less than usual?)*		
患者的体重有非计划性的增加吗？ *(Has the patient had any unintentional weight gain?)*		
患者的体重有非计划性的减轻吗？ *(Has the patient had any unintentional weight loss?)*		
患者会想一直吃固定的食物吗？ *(Does the patient want to eat specific foods all the time?)*		
患者会比以往吃更多的甜食或碳水化合物吗？ *(Does the patient want to eat sweets or carbohydrates more than they used to?)*		
对于别人的需求或烦恼，患者是否变得比较不关心或不在乎？ *(Does the patient seem less concerned about others' needs, problems?)*		
当他人需要帮助时或当紧急状况发生时，您是否觉得患者的反应不适当（或冷漠）？ *(Do you feel the patient does not react appropriately in an emergency or when someone needs help?)*		
当他人遇到令他大喜或大悲的事件时（例如失去家人或取得重大成就时），您是否觉得患者的反应淡漠？ *(Do you feel the patient does not react emotionally when someone has a particularly sad or happy event (e.g., a loss or major achievement)?)*		
患者现在是否更容易被诈骗集团诱惑或说服？ *(Does the patient seem to be more open to scams or solicitations?)*		
患者是否一直购买大量的杂志或网上优惠？ *(Has the patient been buying lots of magazines or online offers?)*		

患者是否曾经被商业诈骗过？ *(Has the patient ever been fooled by a suspicious business arrangement?)*		

患者的手、手臂、腿或下巴是否会不自主地抖动吗？ *(Does the patient have involuntary shaking in their hands, arms, legs or chin?)*		
患者的四肢会僵硬吗？ *(Does the patient's limbs feel rigid or stiff?)*		
患者是否有困难转动头部和脖子吗？ *(Does the patient have problems turning their head and neck easily?)*		
患者的动作有变缓慢吗？ *(Has the patient's movements been slowing down?)*		
患者走路有变慢吗？ *(Is the patient walking slower?)*		
患者扣衬衫需要花更长时间吗？ *(Does it take the patient longer to button their shirt?)*		
患者的笔迹有没有变小？ *(Is the patient's handwriting smaller?)*		
患者的行走能力有任何变化吗？ *(Has the patient had changes in their ability to walk?)*		
患者走路时会驼背吗？ *(Is the patient stooped over when walking?)*		
患者走路时脚会拖地吗？ *(Does the patient drag their feet when they walk?)*		
患者的脚步有没有变小？走路走到一半时会卡住吗？ *(Is the patient's steps shorter or do they get stuck when walking?)*		
患者最近这几年有跌倒过吗？ *(Has the patient fallen down in the past couple of years?)*		
如果有，患者跌倒了多少次？ *(If yes, how many times has the patient fallen?)*		
你觉得是什么原因导致患者跌倒呢？（绊倒，双腿无力，失去意识， 不稳定） *(What were the circumstances of the patient's falls? (tripping, weakness of legs, loss of consciousness, unsteadiness))*		

問題：請勾選所有符合的項目： *(Question: check all that apply)*	是 *(YES)*	若需要，可於下方提供更多資訊： *(Please provide additional comments if necessary:)*
患者站立或行走时会感到不平衡吗？ *(Does the patient feel unsteady on their feet?*		
您有没有感到患者身体的一侧比另一侧无力？ *(Is the patient weaker on one side of their body than the other?)*		
患者有没有脑中风过？ *(Has the patient had a stroke?)*		
患者用单手操作完成事物有比以前困难吗？ *(Does the patient have trouble using one hand?)*		
患者走路会跛行或脚拖在地上吗？ *(Does the patient limp or drag one foot?)*		
患者的四肢是否会不受控制地自己动吗（例如抽搐或肌肉抖动）？ *(Does the patient have involuntary movement of your limbs, such as jerking or twitching?)*		
患者的肌肉有任何变化吗？ *(Has the patient had changes to their muscles?)*		
患者的肌肉有消失的迹象吗？ *(Has the patient lost muscle mass?)*		
患者的肌耐力有变弱了吗？ *(Is the patient's muscles weaker?)*		
患者的肌肉有没有变小？ *(Has any of the patient's muscles become smaller?)*		
有没有觉得患者的手好像不属于或不受控于他/她自己？ *(Does one of the patient's arms behave as if it does not belong to them?)*		
患者的手有没有在他/她无法控制或没有意识的情况下完成了某些操作（解开衬衫的扣子/抓东西）？ *(Has the patient's arm unbuttoned their shirt or grabbed something without their awareness or control?)*		
患者说话会含糊不清吗？ *(Does the patient have slurring of their speech?)*		
患者讲话听起来像不像喝醉时说话的方式？ *(Does the patient's speech sound as if they are drunk?)*		

患者吞咽有困难吗？ *(Does the patient have trouble swallowing?)*		
患者吃或喝东西的时候会咳嗽或咽住吗？ *(Does the patient cough or choke when eating or drinking?)*		
患者吞咽液体或固体食物时有其他困难吗？ *(Has the patient had any other difficulty swallowing liquids or solid foods?)*		
患者的家人是否有精神疾病、失智症、帕金森氏症或其他神经系统方面的问题吗？例如，阿滋海默症、帕金森氏症、精神分裂症、躁郁症、忧郁症 *(Are there any members of the patient's family with "mental health problems, dementia, Parkinson's or other neurological problems"? For example: Alzheimer's disease, Parkinson's, schizophrenia, bipolar, depression)*		

患者日常生活的自理能力是否因记忆或认知方面的问题而有所变化？ *(Has the patient had any changes in their ability to manage basic activities of daily living due to changes in memory or thinking?)*		
在没有帮助的情况下，患者无法自己沐浴 *(The patient cannot bathe without assistance)*		
在没有帮助的情况下，患者无法自己穿衣服 *(The patient cannot dress independently)*		
患者不能正常控制排尿、排便 *(The patient cannot manage their bladder and bowels without accidents)*		
患者处理家务事的能力是否因记忆或认知方面的问题而有所变化？ *(Has there been a change in the patient's ability to manage their household due to problems with memory or thinking?)*		
患者无法自己购物 *(The patient cannot manage their own shopping)*		
患者无法按时支付的帐单 *(The patient cannot pay their bills on time)*		
患者无法完成家务或家里维修的事物 *(The patient cannot complete household chores or projects)*		
患者曾经忘记关火炉 *(The patient has left the stove on)*		
患者无法按照食谱准备食物 *(The patient cannot follow recipes)*		

患者不会开车 *(The patient does not drive)*		
在工作中，患者在完成工作的任务时会有困难 *(The patient has trouble completing tasks at work)*		
患者因无法完成工作任务而失业 *(The patient lost their job because of trouble completing tasks at work)*		
患者无法管理自己的药物 *(The patient cannot manage their medications)*		
患者接电话有困难 (The patient has difficulty answering the phone.)		
患者无法自己洗衣服 (The patient is unable to do their own laundry.)		
患者无法管理各种交通方式（例如：乘坐公共汽车、叫出租车等） (The patient is unable to manage forms of transportation (Example: taking the bus, call for a cab, etc.))		
患者无法管理财务（例如：支票账户、退休账户、银行业务） *(The patient is unable to manage finances (Example: checking account, retirement account, banking))*		

感谢您耐心填写以上的认知问题的问卷调查。您的参与对于详细评估非常有帮助。如有更多资讯，欢迎在以下方格填写为医生提供更多信息。
(Thank you for completing the cognitive complaints patient questionnaire. Your input is very valuable for a thorough evaluation. Please feel free to provide the patient's physician further information below if necessary.)