患者姓名 *(Patient Name)* :
出生日期 *(Date of birth)* :
填寫日期 *(Date)* :
種族(*Race)* 主要語言(*Primary Language):* 受教育年數(*Years of Education):*
填寫問卷的人的姓名： （若不是患者，請代表患者回答以上問題。） *(Name of Person Completing Questionnaire:* *If other than patient. Please respond to questions on behalf of patient above.)*
與患者的關係 *(Relationship to Patient)*:
您多久會去探望患者一次： 每天☐ 每週☐ 每個月☐ 每三個月☐ 每六個月☐ 每年☐ *(How often do you spend time with patient:* *Daily☐ Weekly☐ Monthly☐ Every 3 month☐ Every 6 month☐ Yearly☐)*

該問卷將協助醫療團隊完成對患者的評估。
請：

- 盡你所能誠實地回答這些問題。
- 具體形容。 例如，“上週二，我的親人在從商店回家的路上迷路了。很可怕。”

除了以下問題外，醫療人員還可能會詢問有關以下方面的詳細信息：

- 過去和現在的醫療問題和手術史
- 家族病史
- 患者的社會史
- 患者目前正在服用的所有藥物，包括：處方藥、非處方維生素、阿司匹林等，草藥補充劑
- 過去或現在使用：酒精、大麻 (CBD/THC) 或其他社會藥物，如興奮劑、麻醉劑或鎮靜劑。

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.*

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:)*
患者在記憶方面有任何問題嗎？ *(Does the patient have any problems with memory?)*		
患者是否經常忘記個人物品放置的位置（例如手機，鑰匙）？ *(Does the patient misplace items often (e.g., phone, keys)?)*		
患者是否更依賴記錄或寫下來的方式提醒自己？ *(Does the patient rely more on notes?)*		
與久遠的記憶相比，患者回憶起近期的記憶（例如最近的談話內容或發生的事情）是否更為困難？ *(Does the patient have trouble with recent memory (conversations, recent events) compared to remote memory?)*		
患者是否會重複問同樣的問題嗎？ *(Does the patient ask repetitive questions?)*		
患者在表達自己、理解文字或與他人對話時，是否有困難？ *(Does the patient have difficulty expressing words, difficulty understanding words or conversations?)*		
患者會不會想不起要使用的字詞或名稱嗎？ *(Does the patient have difficulty finding the word or name they want to use?)*		
患者是否有困難理解別人在對他/她說什麼嗎？ *(Does the patient have difficulty understanding what people are saying to them?)*		
對於以前可以輕易發音的單詞，患者現在卻出現發音困難？ *(Does the patient have any difficulty pronouncing words that were easy for them to pronounce in the past?)*		
對於家裡或工作上會遇到的複雜事物，患者是否有困難籌備、開始或完成它們呢？ *(Does the patient have difficulty planning, starting, or finishing complicated tasks at home or at work?)*		
患者是否有困難保持住處或辦公室像過去一樣整潔呢？ *(Does the patient have difficulty keeping their home or office as neat and organized/clean as it used to?)*		
患者是否容易因為分心而無法完成差事或工作？ *(Does the patient have problems finishing a task because they get distracted easily?)*		

患者走路或開車時會迷路嗎？ *(Does the patient get lost while walking or driving?)*		
患者是否有困難開車或步行到熟悉的地方呢？例如雜貨店、郵局、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.)*		
患者會在熟悉的商店或餐廳迷路嗎？ *(Does the patient get lost in a familiar store or restaurant?)*		
患者在視覺上或判斷距離上是否有困難嗎？ *(Does the patient have difficulty seeing things properly or judging distances properly?)*		
患者開車時是否有發生撞傷或車禍的現象嗎？ *(Does the patient's motor vehicle show evidence of damage?)*		
患者是否有困難坐在椅子的正中央？ *(Does the patient have difficulty figuring out how to position themselves to sit in a chair?)*		
患者是否覺得閱讀時看不清楚嗎？ *(Does the patient complain of difficulty seeing while reading?)*		
患者是否覺得眼睛視力不好？ *(Does the patient complain that their eyes do not work?)*		
患者看眼前的事物有困難嗎？ *(Does the patient have trouble seeing things that are right in front of them?)*		
患者在認人方面有困難嗎？ *(Does the patient have difficulty recognizing people?)*		
患者的情緒有變化嗎？ *(Has the patient's mood changed?)*		
患者會常常掉眼淚嗎？ *(Does the patient cry a lot?)*		
患者對生活或未來的人生是否感到絕望？ *(Does the patient feel hopeless about life or about the future?)*		
患者是否覺得自己一文不值或者生命沒有意義？ *(Does the patient feel worthless or bad about themselves?)*		

患者有沒有對過去喜歡的事物喪失動力及興趣？ *(Has the patient lost motivation or energy to do things they used to enjoy?)*		
患者對社交活動的興趣是否減少？ *(Does the patient have decreased interest in social activities?)*		
患者對教會或社區的團體是否缺乏興趣？ *(Does the patient have decreased interest in church or community groups?)*		
患者對之前的愛好是否喪失興趣？ *(Does the patient have decreased interest in hobbies?)*		
患者現在更容易生氣嗎？ *(Does the patient become angry more easily?)*		
對於過去不會生氣的事情，患者是否現在容易感到生氣？ *(Does the patient get angry about things that would not have bothered them in the past?)*		
有時候有些病人會忽略公共場合該有的社交禮儀。請問患者有這方面的傾向嗎？ *(Sometimes we have patients who seem to forget how to behave in public. Has this been an issue for the patient?)*		
患者有做過任何讓家人感到尷尬的行為舉止嗎？例如：在公共場合大聲說他人是胖子等。 *(Has the patient done anything that may have been embarrassing to the family? e.g., calling people fat in public when they might hear?)*		
患者是否有在社交場合講過不適當的玩笑或言語？ *(Has the patient ever told dirty jokes in inappropriate situations?)*		
患者是否曾經對陌生人透露過多的個人或家庭的隱私？ *(Has the patient ever told personal things about themselves or family to strangers?)*		
患者是否曾經在餐廳吃陌生人盤子裏的剩飯剩菜？ *(Has the patient ever eaten from other people's plates at restaurants?)*		
請問患者是否有過特異或不現實的信念或想法？ *(Has the patient had any problems with beliefs that are unusual or not realistic?)*		
患者是否認為有他人想騷擾或傷害自己？ *(Does the patient feel like someone is out to get them?)*		

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:)*
患者是否覺得自己有超能力？與名人或者有權勢的人物有特別關係？ *(Does the patient feel like they might have special powers or special relationships with famous or powerful people?)*		
患者是否能看到或聽到他人看不到或聽不到的人事物？ *(Has the patient been seeing or hearing anything that might not be there (or others can't see or hear)?)*		
患者是否易對某些想法執著，以至於無法在腦海中擺脫它或因它而發展出特定的儀式／常規？ *(Has the patient become fixated on certain ideas that they can't get out of their head or have developed any specific rituals?)*		
患者是否會執著於某些政治或宗教思想？ *(Does the patient have any obsessions with certain political or religious ideas?)*		
患者是否有非常嚴格的時間觀念或必須嚴格遵照固定的日常生活習慣／時間表？ *(Does the patient have any obsessions about timing or routine being adhered to precisely?)*		
患者是否對特定的遊戲、電影或娛樂極為沉迷？ *(Does the patient have any obsessions with specific games, movies, or specific forms of entertainment?)*		
患者的睡眠習慣與品質有任何改變嗎？ *(Does the patient have any changes in sleep?)*		
患者會經常在深夜時醒來嗎？ *(Does the patient wake up a lot in the middle of the night?)*		
患者會有困難入眠嗎？ *(Does the patient have problems falling asleep?)*		
患者的伴侶是否報告過患者會把夢境演繹出來？（例如：睡夢中大喊大叫或拳打腳踢？） *(Has the patient's partner reported that the patient may have problems acting out dreams (yelling, screaming, hitting)?)*		
患者睡覺會打呼嗎？ (Does the patient snore?)		
患者的伴侶是否報告過患者睡覺時有停止呼吸的跡象？ *(Has the patient's partner ever reported that the patient may have breathing stoppages while they sleep?)*		

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:)*
患者白天會嗜睡嗎？ *(Is the patient sleepy during the day?)*		
患者的飲食習慣是否有改變嗎？ *(Have there been changes in the patients eating habits?)*		
患者會比以前吃得更多或更少嗎？ *(Has the patient been eating more or less than usual?)*		
患者的體重有非計劃性的增加嗎？ *(Has the patient had any unintentional weight gain?)*		
患者的體重有非計劃性的減輕嗎？ *(Has the patient had any unintentional weight loss?)*		
患者會想一直吃固定的食物嗎？ *(Does the patient want to eat specific foods all the time?)*		
患者會比以往吃更多的甜食或碳水化合物嗎？ *(Does the patient want to eat sweets or carbohydrates more than they used to?)*		
對於別人的需求或煩惱，患者是否變得比較不關心或不在乎？ *(Does the patient seem less concerned about others' needs, problems?)*		
當他人需要幫助時或當緊急狀況發生時，您是否覺得患者的反應不適當（或冷漠）？ *(Do you feel the patient does not react appropriately in an emergency or when someone needs help?)*		
當他人遇到令他大喜或大悲的事件時（例如失去家人或取得重大成就時），您是否覺得患者的反應淡漠？ *(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)?)*		
患者現在是否更容易被詐騙集團誘惑或說服？ *(Does the patient seem to be more open to scams or solicitations?)*		
患者是否一直購買大量的雜誌或網上優惠？ *(Has the patient been buying lots of magazines or online offers?)*		
患者是否曾經被商業詐騙過？ *(Has the patient ever been fooled by a suspicious business arrangement?)*		

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:)*
患者的手、手臂、腿或下巴是否會不自主地抖動嗎？ *(Does the patient have involuntary shaking in their hands, arms, legs or chin?)*		
患者的四肢會僵硬嗎？ *(Does the patient's limbs feel rigid or stiff?)*		
患者是否有困難轉動頭部和脖子嗎？ *(Does the patient have problems turning their head and neck easily?)*		
患者的動作有變緩慢嗎？ *(Has the patient's movements been slowing down?)*		
患者走路有變慢嗎？ *(Is the patient walking slower?)*		
患者扣襯衫需要花更長時間嗎？ *(Does it take the patient longer to button their shirt?)*		
患者的筆跡有沒有變小？ *(Is the patient's handwriting smaller?)*		
患者的行走能力有任何變化嗎？ *(Has the patient had changes in their ability to walk?)*		
患者走路時會駝背嗎？ *(Is the patient stooped over when walking?)*		
患者走路時腳會拖地嗎？ *(Does the patient drag their feet when they walk?)*		
患者的脚步有沒有變小？走路走到一半時會卡住嗎？ *(Is the patient's steps shorter or do they get stuck when walking?)*		
患者最近這幾年有跌倒過嗎？ *(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?)*		
你覺得是什麼原因導致患者跌倒呢？（絆倒，雙腿無力，失去意識， 不穩定） *(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:)*
患者站立或行走時會感到不平衡嗎？ *(Does the patient feel unsteady on their feet?*		
您有沒有感到患者身體的一側比另一側無力？ *(Is the patient weaker on one side of their body than the other?)*		
患者有沒有腦中風過？ *(Has the patient had a stroke?)*		
患者用單手操作完成事物有比以前困難嗎？ *(Does the patient have trouble using one hand?)*		
患者走路會跛行或腳拖在地上嗎？ *(Does the patient limp or drag one foot?)*		
患者的四肢是否會不受控制地自己動嗎（例如抽搐或肌肉抖動）？ *(Does the patient have involuntary movement of your limbs, such as jerking or twitching?)*		
患者的肌肉有任何變化嗎？ *(Has the patient had changes to their muscles?)*		
患者的肌肉有消失的跡象嗎？ *(Has the patient lost muscle mass?)*		
患者的肌耐力有變弱了嗎？ *(Is the patient's muscles weaker?)*		
患者的肌肉有沒有變小？ *(Has any of the patient's muscles become smaller?)*		
有沒有覺得患者的手好像不屬於或不受控於他/她自己？ *(Does one of the patient's arms behave as if it does not belong to them?)*		
患者的手有沒有在他/她無法控制或沒有意識的情況下完成了某些操作（解開襯衫的釦子/抓東西）？ *(Has the patient's arm unbuttoned their shirt or grabbed something without their awareness or control?)*		
患者說話會含糊不清嗎？ *(Does the patient have slurring of their speech?)*		
患者講話聽起來像不像喝醉時說話的方式？ *(Does the patient's speech sound as if they are drunk?)*		

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:)*
患者吞嚥有困難嗎？ *(Does the patient have trouble swallowing?)*		
患者吃或喝東西的時候會咳嗽或咽住嗎？ *(Does the patient cough or choke when eating or drinking?)*		
患者吞嚥液體或固體食物時有其他困難嗎？ *(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經系統方面的問題嗎？例如，阿滋海默症、帕金森氏症、精神分裂症、躁鬱症、憂鬱症 *(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記憶或認知方面的問題而有所變化？ *(Has the patient had any changes in their ability to manage basic activities of daily living due to changes in memory or thinking?)*		
在沒有幫助的情況下，患者無法自己沐浴 *(The patient cannot bathe without assistance)*		
在沒有幫助的情況下，患者無法自己穿衣服 *(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)*		
患者處理家務事的能力是否因記憶或認知方面的問題而有所變化？ *(Has there been a change in the patient's ability to manage their household due to problems with memory or thinking?)*		
患者無法自己購物 *(The patient cannot manage their own shopping)*		
患者無法按時支付的帳單 *(The patient cannot pay their bills on time)*		
患者無法完成家務或家裡維修的事物 *(The patient cannot complete household chores or projects)*		

患者曾經忘記關火爐 *(The patient has left the stove on)*		
患者無法按照食譜準備食物 *(The patient cannot follow recipes)*		
患者不能開車 *(The patient does not drive)*		
在工作中，患者在完成工作的任務時會有困難 *(The patient has trouble completing tasks at work)*		
患者因無法完成工作任務而失業 *(The patient lost their job because of trouble completing tasks at work)*		
患者無法管理自己的藥物 *(The patient cannot manage their medications)*		
患者接聽電話有困難 (*The patient has difficulty answering the phone)*		
患者無法自己洗衣服 (The patient is unable to do their own laundry)		
患者無法管理各種交通方式（例如：搭乘公車、叫計程車等） (*The patient is unable to manage forms of transportation (Example: taking the bus, call for a cab, etc.))*		
患者無法管理財務（例如：支票帳戶、退休帳戶、銀行業務） *(The patient is unable to manage finances (Example: checking account, retirement account, banking))*		

感謝您耐心填寫以上的認知問題的問卷調查。您的參與對於詳細評估非常有幫助。如有更多資訊，歡迎在以下方格填寫為醫生提供更多信息。

(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.)