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):*

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:)*
您在记忆方面有任何问题吗？ *(Do you have any problems with memory?)*		
您是否经常忘记个人物品放置的位置（例如手机，钥匙）？ *(Do you misplace items often (e.g., phone, keys)?)*		
您是否更依赖记录或写下来的方式提醒自己？ *(Do you rely more on notes?)*		
与久远的记忆相比，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？ *(Do you have trouble with recent memory (conversations, recent events) compared to remote memory?)*		

问题：请勾选所有适用项： *(Question: check all that apply)*	是 *(YES)*	如有需要，请提供其他评论： *(Please provide additional comments if necessary)*
您是否会重复问同样的问题吗？ *(Do you ask repetitive questions?)*		
您在表达自己、理解文字或与他人对话时，是否有困难？ *(Do you have difficulty expressing words, difficulty understanding words or conversations?)*		
您会不会想不起要使用的字词或名称吗？ *(Do you have difficulty finding the word or name you want to use?)*		
您是否曾有困难理解他人在对您说什么吗？ *(Do you have difficulty understanding what people are saying to you?)*		
对于以前可以轻易发音的单词，您现在却出现发音困难吗？ *(Do you have difficulty pronouncing words that were easy for you to pronounce in the past?)*		
对于家里或工作上会遇到的复杂事物，您是否有困难筹备、开始或完成它们呢？ *(Do you have difficulty planning, starting or finishing complicated tasks at home or at work?)*		
您是否有困难像以前一样保持住处或办公室整洁呢？ *(Do you have difficulty keeping your home or office as neat and organized/clean as it used to be?)*		
您是否容易因为分心而无法完成差事或工作？ *(Do you have problems finishing a task because you get distracted easily?)*		
走路或开车时会迷路吗？ *(Do you get lost while walking or driving?)*		
对于熟悉的地方（步行或开车），例如杂货店、邮局、朋友的房子等，您是否会找不到路？ *(Do you have difficulty walking or driving to familiar places? i.e., grocery store, post office, friend's house, etc.)*		
您会在熟悉的商店或餐厅迷路吗？ *(Do you get lost in a familiar store or restaurant?)*		

问题：请勾选所有适用项： *(Question: check all that apply)*	是 *(YES)*	如有需要，请提供其他评论： *(Please provide additional comments if necessary)*
您在视觉上或判断距离上是否有困难吗？ *(Do you have difficulty seeing things properly or judging distances properly?)*		
您开车时是否有发生撞伤或车祸的现象吗？ *(Does your motor vehicle show evidence of damage?)*		
您是否有困难坐在椅子的正中央？ *(Do you have difficulty figuring out how to position yourself to sit in a chair?)*		
您是否觉得阅读时看不清楚吗？ *(Do you complain of difficulty seeing while reading?)*		
您是否觉得眼睛视力不好？ *(Do you complain that your eyes don't work?)*		
看眼前的事物有困难吗？ *(Do you have trouble seeing things that are right in front of you?)*		
您在认人方面有困难吗？ *(Do you have difficulty recognizing people?)*		
您是否注意到情绪上有变化？ *(Has your mood changed?)*		
您会常常掉眼泪吗？ *(Do you cry a lot?)*		
您对生活或未来的人生是否感到绝望？ *(Do you feel hopeless about life or about the future?)*		
您是否觉得自己一文不值或者生命没有意义？ *(Do you feel worthless or bad about yourself?)*		
您有没有对过去喜欢的事物丧失动力及兴趣？ *(Have you lost motivation or energy to do things you used to enjoy?)*		
您对社交活动的兴趣是否减少？ *(Do you have decreased interest in social activities?)*		

问题：请勾选所有适用项： *(Question: check all that apply)*	是 *(YES)*	如有需要，请提供其他评论： *(Please provide additional comments if necessary)*
您对教会或社区的团体是否缺乏兴趣？ *(Do you have decreased interest in church or community groups?)*		
您对之前的爱好是否丧失兴趣？ *(Do you have decreased interest in hobbies?)*		
您现在更容易生气吗？ *(Do you become angry more easily?)*		
对于过去不会生气的事情，您是否现在容易感到生气？ *(Do you get angry about things that would not have bothered you in the past?)*		
有时候有些病人会忽略公共场合该有的社交礼仪。请问您有这方面的倾向吗？ *(Sometimes we have patients who seem to forget how to behave in public. Has this been an issue for you?)*		
您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。 *(Have you done anything that may have been embarrassing to the family? e.g., calling people fat in public when they might hear?)*		
您是否有在社交场合讲过不适当的玩笑或言语？ *(Have you ever told dirty jokes in inappropriate situations?)*		
您是否曾经对陌生人透露过多的个人或家庭的隐私？ *(Have you ever told personal things about yourself or family to strangers?)*		
您是否曾经在餐厅吃陌生人盘子里的剩饭剩菜？ *(Have you ever eaten off of other people's plates at restaurants?)*		
请问是否有过特异或不现实的信念或想法？ *(Have you had any problems with beliefs that are unusual or not realistic?)*		
您是否认为有他人想骚扰或伤害您？ *(Do you feel like someone is out to get you?)*		
您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？ *(Do you feel like you might have special powers or special relationships with famous or powerful people?)*		

问题：请勾选所有适用项： *(Question: check all that apply)*	是 *(YES)*	如有需要，请提供其他评论： *(Please provide additional comments if necessary)*
您是否能看到或听到他人看不到或听不到的人事物？ *(Have you been seeing or hearing anything that might not be there (or others can't see or hear)?)*		
您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？ *(Have you become fixated on certain ideas that you can't get out of your head or have developed any specific rituals?)*		
您是否会执着于某些政治或宗教思想？ *(Do you have any obsessions with certain political or religious ideas?)*		
您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？ *(Do you have any obsessions about timing or routine being adhered to precisely?)*		
您是否对特定的游戏、电影或娱乐极为沉迷？ *(Do you have any obsessions with specific games, movies or specific forms of entertainment*?)		
睡眠习惯与品质有任何改变吗？ *(Do you have any changes in sleep?)*		
您会经常在深夜时醒来吗？ *(Do you wake up a lot in the middle of the night?)*		
您会有困难入眠吗？ (Do you have problems falling asleep?)		
您的伴侣是否报告过您会把梦境演绎出来？（例如：睡梦中大喊大叫或拳打脚踢？） *(Has your partner reported that you may have problems acting out dreams (yelling, screaming, hitting)?)*		
睡觉会打呼吗？ *(Do you snore?)*		
您的伴侣是否报告过您睡觉时有停止呼吸的迹象？ *(Has your partner ever reported that you may have breathing stoppages while you sleep?)*		

问题：请勾选所有适用项： *(Question: check all that apply)*	是 *(YES)*	如有需要，请提供其他评论： *(Please provide additional comments if necessary)*
白天会嗜睡吗？ *(Are you sleepy during the day?)*		
您的饮食习惯是否有改变吗？ *(Have there been changes in your eating habits?)*		
您会比以前吃得更多或更少吗？ *(Have you been eating more or less than usual?)*		
您的体重有非计划性的增加吗？ *(Have you had any unintentional weight gain?)*		
您的体重有非计划性的减轻吗？ *(Have you had any unintentional weight loss?)*		
您会想一直吃固定的食物吗？ *(Do you want to eat specific foods all the time?)*		
您会比以往吃更多的甜食或碳水化合物吗？ *(Do you want to eat sweets or carbohydrates more than you used to?)*		
对于别人的需求或烦恼，您是否变得比较不关心或不在乎？ *(Do you seem less concerned about others' needs, problems?)*		
当他人需要帮助时或当紧急状况发生时，您是否觉得自己的反应不适当（或冷漠）？ *(Do you feel you are not reacting 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），您是否觉得自己的反应淡漠？ *(Do you feel you are not reacting emotionally when someone has a particularly sad or happy event (e.g., a loss or major achievement)?)*		
您现在是否更容易被诈骗集团诱惑或说服？ *(Do you seem to be more open to scams or solicitations?)*		
您是否一直购买大量的杂志或网上优惠？ *(Have you been buying lots of magazines or online offers?)*		

问题：请勾选所有适用项： *(Question: check all that apply)*	是 *(YES)*	如有需要，请提供其他评论： *(Please provide additional comments if necessary)*
您是否曾经被商业诈骗过？ *(Have you ever been fooled by a suspicious business arrangement?)*		
您的手、手臂、腿或下巴是否会不自主地抖动吗？ *(Do you have involuntary shaking in your hands, arms, legs or chin?)*		
您的四肢会僵硬吗？ *(Do your limbs feel rigid or stiff?)*		
您是否难以轻松转动头部和脖子？ *(Do you have difficulty turning your head and neck easily*?)		
您的动作有变缓慢吗？ *(Have your movements been slowing down?)*		
走路有变慢吗？ *(Are you walking slower?)*		
扣衬衫需要花更长时间吗？ *(Does it take you longer to button your shirt?)*		
笔迹有没有变小？ *(Is your handwriting smaller?)*		
您的行走能力有任何变化吗？ *(Have you had changes in your ability to walk?)*		
您走路时会驼背吗？ *(Are you stooped over when walking?)*		
您走路时脚会拖地吗？ *(Do you drag your feet when you walk?)*		
脚步有没有变小？走路走到一半时会卡住吗？ *(Are your steps shorter or do you get stuck when walking?)*		
您最近这几年有跌倒过吗？ *(Have you fallen down in the past couple of years?)*		
如果有，您跌倒了多少次？ *(If yes, how many times have you fallen?)*		

问题：请勾选所有适用项： *(Question: check all that apply)*	是 *(YES)*	如有需要，请提供其他评论： *(Please provide additional comments if necessary)*
你觉得是什么原因导致跌倒呢？（绊倒，双腿无力，失去意识，不稳定） *(What were the circumstances of the falls? (Tripping, weakness of legs, loss of consciousness, unsteadiness))*		
站立或行走时会感到不平衡吗？ *(Do you feel unsteady on your feet?)*		
您有没有感到您身体的一侧比另一侧无力？ *(Are you weaker on one side of your body than the other?)*		
有没有脑中风过？ *(Have you had a stroke?)*		
用单手操作完成事物有比以前困难吗？ *(Do you have trouble using one hand?)*		
走路会跛行或脚拖在地上吗？ *(Are you limping or dragging one foot?)*		
您的四肢是否会不受控制地自己动吗（例如抽搐或肌肉抖动）？ *(Do you have involuntary movement of your limbs, such as jerking or twitching?)*		
您的肌肉有任何变化吗？ *(Have you had changes to your muscles?)*		
您的肌肉有消失的迹象吗？ *(Have you lost muscle mass?)*		
您的肌耐力有变弱了吗？ *(Are your muscles weaker?)*		
肌肉有没有变小？ *(Have any of your muscles become smaller?)*		
有没有觉得您的手好像不属于自己或不受控于自己？ *(Does one of your arms behave as if it doesn't belong to you?)*		
您的手有没有在您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 your arm unbuttoned your shirt/grabbed something without your awareness or control?)*		

问题：请勾选所有适用项： *(Question: check all that apply)*	是 *(YES)*	如有需要，请提供其他评论： *(Please provide additional comments if necessary)*
您说话会含糊不清吗？ *(Have you had slurring of your speech?)*		
您讲话听起来像不像喝醉时说话的方式了？ *(Does your speech sound as if you are drunk?)*		
您吞咽有困难吗？ *(Have you had trouble swallowing?)*		
吃或喝东西的时候会咳嗽或咽住吗？ *(Have you coughed or choked when eating or drinking*?)		
吞咽液体或固体食物时有其他困难吗？ *(Have you had any other difficulty swallowing liquids or solid foods?)*		
您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 your family with "mental health problems, dementia, Parkinson's or other neurological problems"? For example: Alzheimer's disease, Parkinson's, schizophrenia, bipolar, depression)*		

如果以下陈述属实，请在框内打勾： *(Please check the box if any of the following are true:)*	是 *(YES)*	如有需要，请提供其他评论： *(Please provide additional comments if necessary)*
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？ *(Have you had any changes in your ability to manage basic activities of daily living due to changes in memory or thinking?)*		
我需要帮助沐浴 *(I need assistance with bathing)*		
我需要帮助穿衣 *(I need assistance to dress)*		
我需要帮助才能正常控制排尿、排便 *(I need assistance to manage my bladder and bowels without accidents)*		
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 your ability to manage your household due to problems with memory or thinking?)*		
我需要帮助购物 *(I need assistance to manage my own shopping)*		
我需要帮助才能按时支付账单 *(I need assistance to pay my bills on time)*		
我需要帮助来完成家务或家里维修的事物 *(I need assistance to complete household chores or projects)*		
我曾经忘记关火炉 *(I have left the stove on)*		
我需要帮助才能按照食谱准备食物 *(I need assistance to follow recipes)*		
我不能开车 *(I do not drive)*		
在工作中，我在完成工作的任务时会有困难 *(I have trouble completing tasks at work)*		
我因无法完成工作任务而失业 *(I lost my job because of I was unable to complete tasks at work)*		
我需要帮助来管理自己的药物 *(I need assistance to manage my own medications)*		

我接电话有困难 (I have difficulty answering the phone.)		
我无法自己洗衣服 (I am unable to do their own laundry.)		
我无法管理各种交通方式（例如：乘坐公共汽车、叫出租车等） (I am unable to manage forms of transportation (Example: taking the bus, call for a cab, etc.))		
我无法管理我的财务（例如：支票账户、退休账户、银行业务） *(I am unable to manage my 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 your physician further information below if necessary.)