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):*

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:)*
您在記憶方面有任何問題嗎？ *(Do you have any problems with memory?)*		
您是否經常忘記個人物品放置的位置（例如手機，鑰匙）？ *(Do you misplace items often (e.g., phone, keys)?)*		
您是否更依賴記錄或寫下來的方式提醒自己？ *(Do you rely more on notes?)*		
與久遠的記憶相比，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？ *(Do you have trouble with recent memory (conversations, recent events) compared to remote memory?)*		

問題：請勾選所有適用項： *(Question: check all that apply)*	是 *(YES)*	如有需要，請提供其他評論： *(Please provide additional comments if necessary)*
您是否會重複問同樣的問題嗎？ *(Do you ask repetitive questions?)*		
您在表達自己、理解文字或與他人對話時，是否有困難？ *(Do you have difficulty expressing words, difficulty understanding words or conversations?)*		
您會不會想不起要使用的字詞或名稱嗎？ *(Do you have difficulty finding the word or name you want to use?)*		
您是否曾有困難理解他人在對您說什麼嗎？ *(Do you have difficulty understanding what people are saying to you?)*		
對於以前可以輕易發音的單詞，您現在卻出現發音困難嗎？ *(Do you have difficulty pronouncing words that were easy for you to pronounce in the past?)*		
對於家裡或工作上會遇到的複雜事物，您是否有困難籌備、開始或完成它們呢？ *(Do you have difficulty planning, starting or finishing complicated tasks at home or at work?)*		
您是否有困難像以前一樣保持住處或辦公室整潔呢？ *(Do you have difficulty keeping your home or office as neat and organized/clean as it used to be?)*		
您是否容易因為分心而無法完成差事或工作？ *(Do you have problems finishing a task because you get distracted easily?)*		
走路或開車時會迷路嗎？ *(Do you get lost while walking or driving?)*		
對於熟悉的地方（步行或開車），例如雜貨店、郵局、朋友的房子等，您是否會找不到路？ *(Do you have difficulty walking or driving to familiar places? i.e., grocery store, post office, friend's house, etc.)*		
您會在熟悉的商店或餐廳迷路嗎？ *(Do you get lost in a familiar store or restaurant?)*		

問題：請勾選所有適用項： *(Question: check all that apply)*	是 *(YES)*	如有需要，請提供其他評論： *(Please provide additional comments if necessary)*
您在視覺上或判斷距離上是否有困難嗎？ *(Do you have difficulty seeing things properly or judging distances properly?)*		
您開車時是否有發生撞傷或車禍的現象嗎？ *(Does your motor vehicle show evidence of damage?)*		
您是否有困難坐在椅子的正中央？ *(Do you have difficulty figuring out how to position yourself to sit in a chair?)*		
您是否覺得閱讀時看不清楚嗎？ *(Do you complain of difficulty seeing while reading?)*		
您是否覺得眼睛視力不好？ *(Do you complain that your eyes don't work?)*		
看眼前的事物有困難嗎？ *(Do you have trouble seeing things that are right in front of you?)*		
您在認人方面有困難嗎？ *(Do you have difficulty recognizing people?)*		
您是否注意到情緒上有變化？ *(Has your mood changed?)*		
您會常常掉眼淚嗎？ *(Do you cry a lot?)*		
您對生活或未來的人生是否感到絕望？ *(Do you feel hopeless about life or about the future?)*		
您是否覺得自己一文不值或者生命沒有意義？ *(Do you feel worthless or bad about yourself?)*		
您有沒有對過去喜歡的事物喪失動力及興趣？ *(Have you lost motivation or energy to do things you used to enjoy?)*		
您對社交活動的興趣是否減少？ *(Do you have decreased interest in social activities?)*		

問題：請勾選所有適用項： *(Question: check all that apply)*	是 *(YES)*	如有需要，請提供其他評論： *(Please provide additional comments if necessary)*
您對教會或社區的團體是否缺乏興趣？ *(Do you have decreased interest in church or community groups?)*		
您對之前的愛好是否喪失興趣？ *(Do you have decreased interest in hobbies?)*		
您現在更容易生氣嗎？ *(Do you become angry more easily?)*		
對於過去不會生氣的事情，您是否現在容易感到生氣？ *(Do you get angry about things that would not have bothered you in the past?)*		
有時候有些病人會忽略公共場合該有的社交禮儀。請問您有這方面的傾向嗎？ *(Sometimes we have patients who seem to forget how to behave in public. Has this been an issue for you?)*		
您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。 *(Have you done anything that may have been embarrassing to the family? e.g., calling people fat in public when they might hear?)*		
您是否有在社交場合講過不適當的玩笑或言語？ *(Have you ever told dirty jokes in inappropriate situations?)*		
您是否曾經對陌生人透露過多的個人或家庭的隱私？ *(Have you ever told personal things about yourself or family to strangers?)*		
您是否曾經在餐廳吃陌生人盤子裏的剩飯剩菜？ *(Have you ever eaten off of other people's plates at restaurants?)*		
請問是否有過特異或不現實的信念或想法？ *(Have you had any problems with beliefs that are unusual or not realistic?)*		
您是否認為有他人想騷擾或傷害您？ *(Do you feel like someone is out to get you?)*		
您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？ *(Do you feel like you might have special powers or special relationships with famous or powerful people?)*		

問題：請勾選所有適用項： *(Question: check all that apply)*	是 *(YES)*	如有需要，請提供其他評論： *(Please provide additional comments if necessary)*
您是否能看到或聽到他人看不到或聽不到的人事物？ *(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？ *(Have you become fixated on certain ideas that you can't get out of your head or have developed any specific rituals?)*		
您是否會執著於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？ *(Do you have any obsessions about timing or routine being adhered to precisely?)*		
您是否對特定的遊戲、電影或娛樂極為沉迷？ *(Do you have any obsessions with specific games, movies or specific forms of entertainment*?)		
睡眠習慣與品質有任何改變嗎？ *(Do you have any changes in sleep?)*		
您會經常在深夜時醒來嗎？ *(Do you wake up a lot in the middle of the night?)*		
您會有困難入眠嗎？ (Do you have problems falling asleep?)		
您的伴侶是否報告過您會把夢境演繹出來？（例如：睡夢中大喊大叫或拳打腳踢？） *(Has your partner reported that you may have problems acting out dreams (yelling, screaming, hitting)?)*		
睡覺會打呼嗎？ *(Do you snore?)*		
您的伴侶是否報告過您睡覺時有停止呼吸的跡象？ *(Has your partner ever reported that you may have breathing stoppages while you sleep?)*		

問題：請勾選所有適用項： *(Question: check all that apply)*	是 *(YES)*	如有需要，請提供其他評論： *(Please provide additional comments if necessary)*
白天會嗜睡嗎？ *(Are you sleepy during the day?)*		
您的飲食習慣是否有改變嗎？ *(Have there been changes in your eating habits?)*		
您會比以前吃得更多或更少嗎？ *(Have you been eating more or less than usual?)*		
您的體重有非計畫性的增加嗎？ *(Have you had any unintentional weight gain?)*		
您的體重有非計畫性的減輕嗎？ *(Have you had any unintentional weight loss?)*		
您會想一直吃固定的食物嗎？ *(Do you want to eat specific foods all the time?)*		
您會比以往吃更多的甜食或碳水化合物嗎？ *(Do you want to eat sweets or carbohydrates more than you used to?)*		
對於別人的需求或煩惱，您是否變得比較不關心或不在乎？ *(Do you seem less concerned about others' needs, problems?)*		
當他人需要幫助時或當緊急狀況發生時，您是否覺得自己的反應不適當（或冷漠）？ *(Do you feel you are not reacting 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），您是否覺得自己的反應淡漠？ *(Do you feel you are not reacting emotionally when someone has a particularly sad or happy event (e.g., a loss or major achievement)?)*		
您現在是否更容易被詐騙集團誘惑或說服？ *(Do you seem to be more open to scams or solicitations?)*		
您是否一直購買大量的雜誌或網上優惠？ *(Have you been buying lots of magazines or online offers?)*		

問題：請勾選所有適用項： *(Question: check all that apply)*	是 *(YES)*	如有需要，請提供其他評論： *(Please provide additional comments if necessary)*
您是否曾經被商業詐騙過？ *(Have you ever been fooled by a suspicious business arrangement?)*		
您的手、手臂、腿或下巴是否會不自主地抖動嗎？ *(Do you have involuntary shaking in your hands, arms, legs or chin?)*		
您的四肢會僵硬嗎？ *(Do your limbs feel rigid or stiff?)*		
您是否難以輕鬆轉動頭部和脖子？ *(Do you have difficulty turning your head and neck easily*?)		
您的動作有變緩慢嗎？ *(Have your movements been slowing down?)*		
走路有變慢嗎？ *(Are you walking slower?)*		
扣襯衫需要花更長時間嗎？ *(Does it take you longer to button your shirt?)*		
筆跡有沒有變小？ *(Is your handwriting smaller?)*		
您的行走能力有任何變化嗎？ *(Have you had changes in your ability to walk?)*		
您走路時會駝背嗎？ *(Are you stooped over when walking?)*		
您走路時腳會拖地嗎？ *(Do you drag your feet when you walk?)*		
腳步有沒有變小？走路走到一半時會卡住嗎？ *(Are your steps shorter or do you get stuck when walking?)*		
您最近這幾年有跌倒過嗎？ *(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?)*		

問題：請勾選所有適用項： *(Question: check all that apply)*	是 *(YES)*	如有需要，請提供其他評論： *(Please provide additional comments if necessary)*
你覺得是什麼原因導致跌倒呢？（絆倒，雙腿無力，失去意識，不穩定） *(What were the circumstances of the falls? (Tripping, weakness of legs, loss of consciousness, unsteadiness))*		
站立或行走時會感到不平衡嗎？ *(Do you feel unsteady on your feet?)*		
您有沒有感到您身體的一側比另一側無力？ *(Are you weaker on one side of your body than the other?)*		
有沒有腦中風過？ *(Have you had a stroke?)*		
用單手操作完成事物有比以前困難嗎？ *(Do you have trouble using one hand?)*		
走路會跛行或腳拖在地上嗎？ *(Are you limping or dragging one foot?)*		
您的四肢是否會不受控制地自己動嗎（例如抽搐或肌肉抖動）？ *(Do you have involuntary movement of your limbs, such as jerking or twitching?)*		
您的肌肉有任何變化嗎？ *(Have you had changes to your muscles?)*		
您的肌肉有消失的跡象嗎？ *(Have you lost muscle mass?)*		
您的肌耐力有變弱了嗎？ *(Are your muscles weaker?)*		
肌肉有沒有變小？ *(Have any of your muscles become smaller?)*		
有沒有覺得您的手好像不屬於自己或不受控於自己？ *(Does one of your arms behave as if it doesn't belong to you?)*		
您的手有沒有在您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 your arm unbuttoned your shirt/grabbed something without your awareness or control?)*		

問題：請勾選所有適用項： *(Question: check all that apply)*	是 *(YES)*	如有需要，請提供其他評論： *(Please provide additional comments if necessary)*
您說話會含糊不清嗎？ *(Have you had slurring of your speech?)*		
您講話聽起來像不像喝醉時說話的方式了？ *(Does your speech sound as if you are drunk?)*		
您吞嚥有困難嗎？ *(Have you had trouble swallowing?)*		
吃或喝東西的時候會咳嗽或咽住嗎？ *(Have you coughed or choked when eating or drinking*?)		
吞嚥液體或固體食物時有其他困難嗎？ *(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 your family with "mental health problems, dementia, Parkinson's or other neurological problems"? For example: Alzheimer's disease, Parkinson's, schizophrenia, bipolar, depression)*		

如果以下陳述屬實，請在框內打勾： *(Please check the box if any of the following are true:)*	是 *(YES)*	如有需要，請提供其他評論： *(Please provide additional comments if necessary)*
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？ *(Have you had any changes in your ability to manage basic activities of daily living due to changes in memory or thinking?)*		
我需要幫助沐浴 *(I need assistance with bathing)*		
我需要幫助穿衣 *(I need assistance to dress)*		
我需要幫助才能正常控制排尿、排便 *(I need assistance to manage my bladder and bowels without accidents)*		
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 your ability to manage your household due to problems with memory or thinking?)*		
我需要幫助購物 *(I need assistance to manage my own shopping)*		
我需要幫助才能按時支付賬單 *(I need assistance to pay my bills on time)*		
我需要幫助來完成家務或家裡維修的事物 *(I need assistance to complete household chores or projects)*		
我曾經忘記關火爐 *(I have left the stove on)*		
我需要幫助才能按照食譜準備食物 *(I need assistance to follow recipes)*		
我不能開車 *(I do not drive)*		
在工作中，我在完成工作的任務時會有困難 *(I have trouble completing tasks at work)*		
我因無法完成工作任務而失業 *(I lost my job because of I was unable to complete tasks at work)*		
我需要幫助來管理自己的藥物 *(I need assistance to manage my own medications)*		

我接電話有困難 (*I have difficulty answering the phone.)*		
我無法自己洗衣服 *(I am unable to do my own own laundry.)*		
我無法管理各種交通方式（例如：搭乘公車、叫計程車等） *(I am unable to manage forms of transportation (Example: taking the bus, call for a cab, etc.))*		
我無法管理我的財務（例如：支票帳戶、退休帳戶、銀行業） *(I am unable to manage my 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 your physician further information below if necessary.)