Assessment of Cognitive Complaints Toolkit for Alzheimer's Disease: pre-visit patient questionnaire v.27

PATIENT NAME:		
DATE OF BIRTH:		
DATE:		
RACE:	PRIMARY LANGUAGE:	YEARS OF EDUCATION:

This questionnaire will assist the medical team in completing your evaluation.
Please:

- Answer these questions honestly and to the best of your ability.
- Be specific. For example, "Last Tuesday, I (my loved one) got lost on the way home from the store. It was scary."

In addition to the questions below your medical provider may also ask you details about:

- Past and current medical problems and surgical history
- Family medical history
- Your social history
- All medications that you are 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.

Please check the box if any of the following are true:	YES	Please provide additional comments if necessary:
Has there been a change in your ability to manage your household due to problems with memory or thinking?		
I need assistance to manage my own shopping.		
I need assistance to pay my bills on time.		
I need assistance to complete household chores or projects.		
I have left the stove on.		
I need assistance to follow recipes.		
I do not drive.		
I have trouble completing tasks at work.		
I lost my job because I was unable to complete tasks at work.		
I need assistance to manage my own medications.		
I have difficulty answering the phone.		
I am unable to do my own laundry.		
I am unable to manage forms of transportation (Example: taking the bus, call for a cab, etc.)		
I am unable to manage my finances (Example: checking account, retirement account, banking)		

Question: (check all that apply)	YES	Please provide additional comments if necessary:
Have you had any changes in your ability to manage basic activities of daily living due to changes in memory or thinking?		
I need assistance with bathing.		
I need assistance to dress.		
I need assistance to manage my bladder and bowels without accidents		
Do you have any problems with memory?		
Do you misplace items often (e.g., phone, keys)?		
Do you rely more on notes?		
Do you have trouble with recent memory (conversations, recent events) compared to remote memory?		
Do you ask repetitive questions?		
Do you have difficulty expressing words, difficulty understanding words or conversations?		
Do you have difficulty finding the word or name you want to use?		
Do you have difficulty understanding what people are saying to you?		
Do you have any difficulty pronouncing words that were easy for you to pronounce in the past?		
Do you have difficulty planning, starting, or finishing complicated tasks at home or at work?		
Do you have difficulty keeping your home or office as neat and organized/clean as it used to?		
Do you have problems finishing a task because you get distracted easily?		
Do you get lost while walking or driving?		
Do you have difficulty driving to familiar places (walking or driving) i.e., grocery store, post office, friend's house, etc?		
Do you get lost in a familiar store or restaurant?		
Do you have difficulty seeing things properly or judging distances properly?		
Does your motor vehicle show evidence of damage?		
Do you have difficulty figuring out how to position yourself/themselves to sit in a chair?		

Question: (check all that apply)	YES	Please provide additional comments if necessary:
Do you complain of difficulty seeing while reading?		
Do you complain that your eyes don't work?		
Do you have trouble seeing things that are right in front of you?		
Do you have difficulty recognizing people?		
Has your mood changed?		
Do you cry a lot?		
Do you feel hopeless about life or about the future?		
Do you feel worthless or bad about yourself?		
Have you lost motivation or energy to do things you used to enjoy?		
Do you have decreased interest in social activities?		
Do you have decreased interest in church or community groups?		
Do you have decreased interest in hobbies?		
Do you become angry more easily?		
Do you get angry about things that would not have bothered you in the past?		
Sometimes we have patients who seem to forget how to behave in public. Has this been an issue for you?		
Have you done anything that may have been embarrassing to the family? e.g., calling people fat in public when they might hear?		
Have you ever told dirty jokes in inappropriate situations?		
Have you ever told personal things about yourself or family to strangers?		
Have you ever eaten off other people's plates at restaurants?		
Have there been any problems with beliefs that are unusual or not realistic?		
Do you feel like someone is out to get you?		
Do you feel like you might have special powers or special relationships with famous or powerful people?		
Have you been seeing or hearing anything that might not be there (or others can't see or hear)?		
Have you become fixated on certain ideas that you can't get out of your head or have developed any specific rituals?		

Question: (check all that apply)	YES	Please provide additional comments if necessary:
Do you have any obsessions with certain political or religious ideas?		
Do you have any obsessions about timing or routine being adhered to precisely?		
Do you have any obsessions with specific games, movies, or specific forms of entertainment?		
Have you had any changes in sleep?		
Do you wake up a lot in the middle of the night?		
Do you have problems falling sleep?		
Has your partner reported that you may have problems acting out dreams (yelling, screaming, hitting)?		
Do you snore?		
Has your partner ever reported that you may have breathing stoppages while you sleep?		
Are you sleepy during the day?		
Have there been changes in your eating habits?		
Have you been eating more or less than usual?		
Have you had any unintentional weight gain?		
Have you had any unintentional weight loss?		
Do you want to eat specific foods all the time?		
Do you want to eat sweets or carbohydrates more than you used to?		
Do you seem less concerned about others' needs, problems?		
Do you feel you are not reacting appropriately in an emergency or when someone needs help?		
Do you feel you are not reacting emotionally when someone has a particularly sad or happy event (e.g., a loss or major achievement)?		
Do you seem to be more open to scams or solicitations?		
Have you been buying lots of magazines or online offers?		
Have you ever been fooled by a suspicious business arrangement?		

Question: (check all that apply)	YES	Please provide additional comments if necessary:
Do you have involuntary shaking in your hands, arms, legs, or chin?		
Do your limbs feel rigid or stiff?		
Are you able to turn your head and neck easily?		
Have your movements been slowing down?		
Are you walking slower?		
Does it take you longer to button your shirt?		
Is your handwriting smaller?		
Have you had changes in your ability to walk?		
Are you stooped over when walking?		
Do you drag your feet when you walk?		
Are your steps shorter or do you get stuck when walking?		
Have you fallen in the past couple of years?		
If yes, how many times have you fallen?		
What were the circumstances of the falls? (Tripping, weakness of legs, loss of consciousness, unsteadiness)		
Do you feel unsteady on your feet?		
Are you weaker on one side of your body than the other?		
Have you had a stroke?		
Do you have trouble using one hand?		
Are you limping or dragging one foot?		
Do you have involuntary movement of your limbs, such as jerking or twitching?		
Have you had changes to your muscles?		
Have you lost muscle mass?		
Are your muscles weaker?		
Have any of your muscles become smaller?		

Question: (check all that apply)	YES	Please provide additional comments if necessary:
Does one of your arms behave as if it doesn't belong to you?		
Has your arm (unbuttoned your shirt/grabbed something) without your awareness or control?		
Have you had slurring of your speech?		
Does your speech sound as if you are drunk?		
Have you had trouble swallowing?		
Have you coughed or choked when eating or drinking?		
Have you had any other difficulty swallowing liquids or solid foods?		
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		
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.		