Box 6.3  A Survey to Help You Prepare for Your Visit with Your Doctor


1. Specific examples of my memory or other cognitive (thinking) problems are:
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

2. These problems first started about ____________________________ ago.

3. These problems started (circle one response): GRADUALLY, SUDDENLY, or NOT SURE.

4. Since they started, these problems are (circle one response): IMPROVING, WORSENING, or STAYING THE SAME.

5. I have asked those close to me if they have noticed any changes in my memory or cognition and they said (circle one response); YES or NO. [If yes, ask your close friend or family member for specific examples of the changes and list them here]: ________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

6. There (circle one response) ARE or ARE NOT any significant changes in my health that started happening around the same time the cognitive changes stared. If there were health changes describe them here: ________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
Box 6.3 (Continued)

7. I have experienced notable changes in my (circle response) LEVEL OF STRESS, MOOD, or NOT APPLICABLE. If you circled “level of stress,” “mood,” or both please note when these changes started. ______________
   ______________
   ______________

8. I have blood relatives (for example, parents, siblings) who have experienced cognitive changes (circle one response): YES or NO. If yes, please specify their relationship to you. __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

9. My medical history includes (list all past, including childhood, and current medical conditions): __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

10. This is a list of my current medications (including over-the-counter medications, vitamins, and other supplements), with dosages. ____________
    ____________
    ____________
    ____________
    ____________
    ____________
    ____________
    ____________
    ____________