

Box 17.3. 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 (check one response):

GRADUALLY SUDDENLY NOT SURE

4. Since they started, these problems are (check one response):

IMPROVING WORSENING 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 (check one response): YES NO

If YES, ask your friend or family member for specific examples of the changes and list them here:

6. There (check one response) ARE or ARE NOT any significant changes in my health that started happening around the same time the cognitive changes started. If there were health changes, describe them here:

7. I have experienced notable changes in my (check responses that apply):

LEVEL OF STRESS MOOD NOT APPLICABLE

If you circled “level of stress” or “mood” or both, please note when these changes started:

8. I have blood relatives (for example, parents, siblings) who have experienced cognitive changes (check one response): YES 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:

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