



Neurology Specialists of the Treasure Coast, P.A.

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Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Completed by \_\_\_\_\_ Relationship \_\_\_\_\_

This form is to be completed by the patient's caregiver, not the patient.

## Memory Questionnaire

Please check all that apply

How long has there been a memory problem

\_\_\_ Within the past year

\_\_\_ More than a year ago

Has the memory problem gotten worse since then

\_\_\_ Yes

\_\_\_ No

If yes, has the problem worsened suddenly or slowly and gradually

\_\_\_ Suddenly

\_\_\_ Slowly and gradually

Memory

\_\_\_ Keeping track of personal belongings (glasses, keys, etc...)

\_\_\_ Asking the same question over and over

\_\_\_ Remembering names of familiar people

\_\_\_ Remembering new things or things that happened recently

\_\_\_ Remembering things that happened a long time ago

\_\_\_ Remembering appointments

\_\_\_ Finishing tasks or completing projects

\_\_\_ Using math skills (balancing checkbook, making change)

\_\_\_ Remembering the story line of a book or TV program

### Speech and Language

\_\_\_ Difficulty remembering the names of things

\_\_\_ Difficulty finding words

\_\_\_ Substitution of wrong words or parts of words in conversation

\_\_\_ Difficulty following instructions

\_\_\_ Problems understanding others

### Orientation

\_\_\_ Problem with keeping track of time

\_\_\_ Problem keeping track of the day, the month, or the year

\_\_\_ Problem with knowing the address, city, or state

\_\_\_ Getting lost or disoriented in familiar places

\_\_\_ Confusion at night or sundown

### Delusion or Hallucinations

\_\_\_ Do they have beliefs that you know are not true

\_\_\_ Do they believe that others are stealing from them

\_\_\_ Hallucinations such as false visions or voices

\_\_\_ Do they talk to people that are not there

\_\_\_ Believe that people who are deceased are still alive

### Agitation or Aggression

\_\_\_ Episodes of agitation or temper tantrums

\_\_\_ Embarrasses others in public with their behavior

\_\_\_ Problems with refusal to cooperate or will not allow people to help them

\_\_\_ Nervous, worried, or frightened for no apparent reason

Act impulsively

Shout, curse or have other aggressive behaviors

Says things to people that are insensitive

Paces around the house without apparent purpose

Other behaviors that make them difficult to handle

### Depression and Anxiety or Apathy

Seems sad or depressed

Is less interested in things

Cries or becomes teary very easily

Has lost interest in activities, hobbies, or friends

Gets upset or resists activities such as bathing or changing clothes

### Sleep and Appetite

Difficulty with sleep

Awakens at night, dresses, and plans to go out thinking it is morning and time to start the day

Has significant weight loss

Has loss of appetite

### Driving

Does the patient drive a vehicle

Yes

No

If yes, do you consider the patient a safe driver

Yes

No