

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

[from Anderson, N.A., Murphy, K.J., & Troyer, A.K. (2012) *Living with Mild Cognitive Impairment: A Guide to Maximizing Brain Health and Reducing Risk of Dementia*. Oxford University Press: New York pp.115-116]

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 started. If there were health changes describe them here: _____

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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. _____

