

Caregiver Information



Person with possible cognitive problems or memory loss:

Name: _____ Date of birth: _____ Sex: M F

Email: _____ Phone number: _____

Address: _____

Living situation (e.g. alone or with spouse/child/friend): _____

Education level: ≤ 8 years Some high school High school
 Some college Undergraduate Master's degree Advanced degree

Caregiver(s):

Name: _____

Email: _____ Phone number: _____

Relationship: _____ Duration of relationship: _____

Has a doctor diagnosed a cognitive disorder?

- | | |
|--|---|
| <input type="checkbox"/> No formal diagnosis | <input type="checkbox"/> Traumatic brain injury (TBI) |
| <input type="checkbox"/> Mild cognitive impairment (MCI) | <input type="checkbox"/> Vascular dementia |
| <input type="checkbox"/> Dementia | <input type="checkbox"/> Frontotemporal dementia |
| <input type="checkbox"/> Alzheimer's disease | <input type="checkbox"/> Mixed dementia |
| <input type="checkbox"/> Parkinson's disease | <input type="checkbox"/> Other |
| <input type="checkbox"/> Dementia with Lewy bodies | |

Are there currently any of the following symptoms?

- | | |
|--|---|
| <input type="checkbox"/> Forgetfulness | <input type="checkbox"/> Problems shopping alone |
| <input type="checkbox"/> Repeating things | <input type="checkbox"/> Errors with appointments |
| <input type="checkbox"/> Asking the same question | <input type="checkbox"/> Getting lost |
| <input type="checkbox"/> Errors/not doing finances | <input type="checkbox"/> Problems preparing food |

Does the person suffering with memory or thinking problems generally...

- | | |
|---|---|
| <input type="checkbox"/> Know what day of the week it is? | <input type="checkbox"/> Know how to get to places (store, home)? |
| <input type="checkbox"/> Know what month it is? | <input type="checkbox"/> Know how to do simple math/understand numbers? |
| <input type="checkbox"/> Name objects well? | <input type="checkbox"/> Recall recent events/recall that something happened? |
| <input type="checkbox"/> Use correct words ("scissors" not "thing that cuts") | <input type="checkbox"/> Recall details of events? |
| <input type="checkbox"/> Understand situations/explanations? | <input type="checkbox"/> Remember where things are kept? |