**Dementia Risk Assessment Questionnaire**

To assess your risk for developing dementia, write the number in parentheses on the line to the left of each item that applies to you. Eg. For question one, if the answer is yes, put the number 3.5 in the line on the left, in front of the question number.

1. One family member with Alzheimer’s disease or any other form of dementia (3.5)

2. More than one family member with Alzheimer’s disease or any other form of dementia (7.5)

3. A single head injury with loss of consciousness (2) or several head injuries without loss of consciousness (2)

4. Alcohol dependence or drug dependence in past or present (4.4)

5. Major depression or ADD/ADHD diagnosed by a physician in past or present (2 in females, 4 in males)

6. Standard American Diet (2)

7. Being obese (2)

8. History of a stroke (10)

9. Heart disease or heart attack (2.5)

10. Prehypertension or hypertension (2.3)

11. Prediabetes or diabetes (3.4)

12. Cancer chemotherapy (3)

13. Seizures in past or present (1.5)

14. Parkinson’s disease (3)

15. Sleep apnea (2)

16. Less than a high school education (2)

17. Limited exercise, less than twice a week (2)

18. Jobs that do not require new learning (2)

19. Periodontal disease (2)

20. Presence of inflammation in the body, such as high homocysteine or C-reactive protein (2)

21. Smoking cigarettes for ten years or longer (2.3)

\_\_\_\_\_ 22. Untreated hearing loss (2.3)

23. Low estrogen in females (2) or low testosterone in males or females (2)

24. Within the age range 65 – 74 (2)

25. Within the age range 75 – 84 (2)

26. Age 85 or older (25)

# Add the numbers in the left hand column together Total Score:

If the score is less than 3, then you have low risk factors for developing dementia. If the score is between 3 and 6, then you should consider periodic monitoring.

If the score is greater than 6, then you should consider more complete evaluation soon.

Request your free 30 minute consultation with Kate [HERE](https://calendly.com/katekunkel/30min?month=2021-03).

**Brain Area Questions**

Place an “X” mark next to the following questions that apply to you.

Eg. If you have trouble remembering appointments frequently, put an X under Severity. If it is much worse than it was 10 years ago, ALSO put an X under Progression.

|  |  |  |
| --- | --- | --- |
| **SEVERITY**  (Check if it is presently severe) | **PROGRESSION**  (Check if it is significantly worse than 10 years ago) | **TEMPORAL LOBE** |
|  |  | Is there frequent difficulty remembering appointments? |
|  |  | Is there frequent difficulty remembering holidays or special occasions such as birthdays or weddings? |

|  |  |  |
| --- | --- | --- |
|  |  | Is there frequent difficulty remembering to take medications or supplements? |
|  |  | Is there frequent difficulty finding the right words during conversations or retrieving the names of things? |
|  |  | Are there frequent episodes of irritability, anger, aggression, or a “short fuse” for little or no reason? |
|  |  | Are there frequent episodes of suspiciousness, paranoia, or hypersensitivity without a clear explanation or reason why? |
|  |  | Is there a frequent tendency to misinterpret what one hears, reads, or experiences? |
| **Severity Score**  (total # of X marks): | **Progression Score**  (total # of X marks): | **Temporal Lobe Severity and Progression Total** (add up total # of X marks for each column) |

|  |  |  |
| --- | --- | --- |
| **SEVERITY**  (Check if it is presently severe) | **PROGRESSION**  (Check if it is significantly worse than 10 years ago) | **FRONTAL LOBE** |
|  |  | Is there frequent difficulty recalling events that occurred a long time ago? |
|  |  | Is there frequent difficulty with judgments, such as knowing how much food to buy? |
|  |  | Is there frequent difficulty thinking things through (reasoning)? |
|  |  | Is there frequent difficulty handling finances or routine affairs that used to be done without difficulty? |
|  |  | Is there frequent trouble sustaining attention in routine situations (e.g., chores, paperwork)? |
|  |  | Is there frequent difficulty finishing chores, tasks, or other activities? |

|  |  |  |
| --- | --- | --- |
|  |  | Is there frequent difficulty with organizing and planning things? |
|  |  | Are there frequent feelings of boredom, loss of interest, or low motivation to do things that were previously enjoyed? |
|  |  | Is there a frequent tendency to act impulsively, such as saying or doing things without thinking first? |
| **Severity Score**  (total # of X marks): | **Progression Score**  (total # of X marks): | **Frontal Lobe Severity and Progression**  **Total** (add up total # of X marks for each column) |

|  |  |  |
| --- | --- | --- |
| **SEVERITY**  (Check if it is presently severe) | **PROGRESSION**  (Check if it is significantly worse than 10 years ago) | **PARIETAL LOBE** |
|  |  | Are there frequent wrong turns or episodes of getting lost traveling to well-known places (poor sense of direction)? |
|  |  | Are there frequent problems judging where you are in relation to objects around you, (for example, bumping into things in a dark, familiar room)? |
|  |  | Is there frequently a problem recognizing objects just by their feel? |
|  |  | Are left and right often confused? |
|  |  | Is there frequent trouble learning a new task or skill? |
| **Severity Score**  (total # of X marks): | **Progression Score**  (total # of X marks): | **Parietal Lobe Severity and Progression**  **Total** (add up total # of X marks for each column) |

As a Brain Health Professional-in-Training at Amen University, Kate Kunkel is authorized to share the results of this questionnaire for informational purposes only.

When you have completed this questionnaire, return it via e-mail to [KateL.Kunkel@gmail.com](mailto:KateL.Kunkel@gmail.com).

You will receive a score based on Dr. Amen’s Rules for Interpreting the Progression and Severity of Brain Health Risks and you will be invited to have a [Free 30 minute consultation](https://calendly.com/katekunkel/30min?month=2021-03) with Kate if the score reflects areas that could be of concern or about which you have questions.

***By requesting this risk assessment, you acknowledge that the document and subsequent scoring is for informational purposes only and is not intended to be a substitute for professional medical advice.***

***The information presented does not diagnose, treat, cure, or prevent any disease.***

***You should seek the advice of my own physician or other qualified health provider with any questions you have about any medical condition.***

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