





**Dementia Questionnaire:**

If you are the PATIENT filling out this form, please go to "Memory Loss Questionnaire"  
If you are other than the PATIENT, answer below mentioned questions

When was the first time other people recognized that the patient's cognition was not normal? \_\_\_\_\_  
Give example \_\_\_\_\_

Was the progression (circle): sudden / gradual  
What were the things the patient was able to do before that he/she is not able to do anymore? \_\_\_\_\_

Is the patient able to manage his/her finances? Yes / No If Yes: made any mistakes? \_\_\_\_\_

Is the patient driving? Yes / No If Yes: made any mistakes / gets lost? \_\_\_\_\_  
If No: when did the patient stop driving? \_\_\_\_\_ Why? \_\_\_\_\_

Does the patient have "wandering" episodes? Yes / No \_\_\_\_\_  
Does the patient have gait impairment? Yes / No \_\_\_\_\_  
Does the patient have difficulty following conversations / TV shows / sports etc.? \_\_\_\_\_  
Does the patient have difficulty learning new information? Yes / No If yes, example: \_\_\_\_\_

Does the patient have good control of bowel and bladder? Yes / No if No, how long? \_\_\_\_\_

Are there any changes in the patient's personality / behavioral changes? (Circle): irritable / moody / angry / suspicious / outbursts/ restlessness / withdrawn.  
Does patient have (circle): clinging / crying easily / hallucination (seeing or hearing things which are not there) / delusion (firmly held belief in things that are not true - \_\_\_\_\_)  
Does the patient have socially unacceptable behavior such as (circle) – cursing, poor personal hygiene, hyper sexuality.

Which activities of daily living does the patient need help with (circle): ambulation, bathing and hygiene, feeding, continence, grooming, toileting and dressing.

Does the patient have sleep impairment? Yes / NO, if yes explain: \_\_\_\_\_  
Does the patient get confused between day and night? Yes / No  
Are there any repetitive, purposeless behaviors?: (Circle) hand-wringing, scratching, hollering, \_\_\_\_\_  
Medications use (circle appropriate): patient self medicates, family monitors medication usage, family sets up medications, home health aide sets up medications and caregiver monitors the use of medications.  
Can the patient be left alone? Yes / No  
Patient's primary caregiver is (circle) : daughter, spouse, son, friend, sibling, adult caretaker, nursing attendant, partner

For physician use only:  
Safety (wandering – GPS, medical alert / fire arm access), Living will, Code status, Health care power of attorney, Long term care planning, driving, care giver fatigue  
Intervention: music, dance, walk, commands – one word, family pictures/videos, pet, friend circle, church

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_