EvergreenHealth
GERIATRIC CARE

Geriatric Care Memory Consult Questionnaire

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We want to know if you are experiencing any of the following:

Memory		**Problem solving**	
Forgetting where I left things	❒Yes ❒No	Difficulty planning ahead	❒Yes ❒No
Forgetting names	❒Yes ❒No	Difficulty figuring out how to do new things	❒Yes ❒No
Forgetting faces of people I know	❒Yes ❒No	Difficulty thinking as quickly as needed	❒Yes ❒No
Forgetting events that happened recently	❒Yes ❒No	Difficulty doing things in the right order	❒Yes ❒No
Forgetting facts	❒Yes ❒No	Have you gotten lost in a familiar setting?	❒Yes ❒No
Forgetting appointments	❒Yes ❒No	Difficulty changing plans or activity when necessary	❒Yes ❒No
Relying on notes to remember things	❒Yes ❒No	Doing more than one thing at a time	❒Yes ❒No
Forgetting the order of things	❒Yes ❒No	Other problem solving difficulties:	❒Yes ❒No
Repeating stories or questions	❒Yes ❒No		
Losing items	❒Yes ❒No		
Concentration		**Activities**	
Do not feel very alert	❒Yes ❒No	Problems writing checks, paying bills	❒Yes ❒No
Problems concentrating	❒Yes ❒No	Problems assembling tax records	❒Yes ❒No
Lose train of thought easily	❒Yes ❒No	Difficulty shopping	❒Yes ❒No
Easily confused or disoriented	❒Yes ❒No	Problems playing a game	❒Yes ❒No
Other:		Problems keeping track of current events	❒Yes ❒No
		Difficulty understanding a TV show, book or magazine	❒Yes ❒No
Speech and Language		Getting lost while driving	❒Yes ❒No
Slurred speech	❒Yes ❒No		
Unable to speak	❒Yes ❒No		
Difficulty finding the right words	❒Yes ❒No		
Difficulty writing letters or words	❒Yes ❒No		
Difficulty understanding what I read	❒Yes ❒No		
Behavior		**Behavior**	
Sadness or depression	❒Yes ❒No	More emotional	❒Yes ❒No
Anxiety or nervousness	❒Yes ❒No	Less inhibited	❒Yes ❒No
Panic attacks	❒Yes ❒No	Sleeping problems	❒Yes ❒No
Stress	❒Yes ❒No	Jerking legs	❒Yes ❒No
Mood swings	❒Yes ❒No	Nightmares	❒Yes ❒No
More irritable or angry	❒Yes ❒No		