



Cognitive Symptoms Questionnaire for a person concerned about cognitive changes

This form is to be completed by a person concerned about or experiencing recent onset cognitive changes, changes in behaviour, or symptoms of worsening memory.

The form takes approximately 10 minutes to complete.

Date:

Your name:

Your age:

Male / Female:

When did you first notice the symptoms?

Cognitive Symptoms Questionnaire

These questions are about your memory.

Please indicate whether you have noticed the **recent onset** of any of these symptoms

<i>1. Failing to do something even though it is in front of you (e.g. taking pills)</i>	Not really	Sometimes	Definitely
<i>2. Forgetting appointments</i>	Not really	Sometimes	Definitely
<i>3. Forgetting characters' names while watching a TV programme</i>	Not really	Sometimes	Definitely
<i>4. Forgetting something you were told a few minutes ago</i>	Not really	Sometimes	Definitely
<i>5. Deciding to do something and forgetting after a few minutes</i>	Not really	Sometimes	Definitely
<i>6. Forgetting about recent events</i>	Not really	Sometimes	Definitely

Cognitive Symptoms Questionnaire

These questions are about your memory.

Please indicate whether you have noticed the **recent onset** of any of these symptoms

7. Forgetting to buy things you went out shopping for	Not really	Sometimes	Definitely
8. Mislaying things that you have just put down	Not really	Sometimes	Definitely
9. Saying the same thing over and over again	Not really	Sometimes	Definitely
10. Getting the present mixed up with the past	Not really	Sometimes	Definitely
11. Inability to concentrate	Not really	Sometimes	Definitely
12. Failing to pass on a message	Not really	Sometimes	Definitely

Cognitive Symptoms Questionnaire

These questions are about your memory.

Please indicate whether you have noticed the **recent onset** of any of these symptoms

13. Easily getting lost	Not really	Sometimes	Definitely
14. Forgetting what day it is	Not really	Sometimes	Definitely
15. Forgetting the name of familiar names and places	Not really	Sometimes	Definitely
16. Failing to recognise a place you have visited before	Not really	Sometimes	Definitely
17. Forgetting what you watched on TV yesterday	Not really	Sometimes	Definitely
18. Difficulty thinking of words you want to use	Not really	Sometimes	Definitely

Thank you for completing the Cognitive Symptoms Questionnaire

Your answers will assist with diagnosis, but also help with our research when they are combined (anonymously) with those relating to other patients. Please indicate whether or not you are happy for your responses to be entered into an anonymised electronic database.

We are happy for the answers provided to be stored in St George's anonymised database

Your signature (friend or family member);

Your signature (the person experiencing symptoms or behavioural changes);

Date:

We DO NOT want the answers provided to be stored in St George's anonymised database

Your signature (friend or family member);

Your signature (the person experiencing symptoms or behavioural changes);

Date: