

*You hope it's not Alzheimer's.  
But if it is, there's hope.*



Complete this checklist  
and discuss it with your doctor.  
Help your doctor make  
the best possible evaluation.

**Please check the boxes that best describe you or someone you know.**

	Yes	No	Don't know
1. Does the individual often repeat himself/herself or ask the same questions over and over?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Is the individual more forgetful, that is, having trouble with short-term memory?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Does the individual need reminders to do things like chores, shopping or taking medication?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Does the individual forget appointments, family occasions or holidays?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Does the individual seem sad, down in the dumps or prone to crying more often than in the past?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Has the individual started having trouble doing calculations, managing finances or balancing the chequebook?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Has the individual lost interest in usual activities such as hobbies, reading or social occasions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Has the individual begun to need help performing regular daily activities such as eating, dressing, bathing or using the bathroom?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Has the individual become irritable, agitated, suspicious or started imagining (i.e., hearing, seeing or believing) things that are not real?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Are there concerns about the individual's driving ability, for example, getting lost or driving unsafely? Has he or she had to stop driving? (If he or she has never driven, answer "No".)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Does the individual have difficulty finding words, finishing sentences or naming people or things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*See next page for scoring instructions.*

**TOTAL**

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## How to evaluate your score

- Complete the checklist and total your “yes” responses
- If you have answered “yes” to five or more questions, the person you have in mind should consult a physician

***Remember: An early diagnosis of memory problems is vital to treatment success. Address them early.***

Responses to this checklist do not determine a diagnosis of dementia or Alzheimer's disease, but may simply suggest the need for further evaluation. You are encouraged to discuss any questions or concerns about yourself or about the person you care for with your healthcare professional.

Checklist adapted from Mundt JC, Freed CM, Griest JH. Lay person-based screening for early detection of Alzheimer's disease: development and validation of an instrument. *J Gerontol B Psychol Sci Soc Sci* 2000;55:P163-170.

**For additional information call 1-888-370-6444 to speak to a registered nurse.**

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