

## Tests Results Values — Alzheimer's Quiz, 21 Questions

### Directions for Completion and Scoring of this Form

1. **Answer** all questions for your loved one
2. **Tally** the answer totals
3. **Sign in** to your Dashboard
4. Click **Edit Values** button
5. Click **Assessments** section
6. **Enter** the quiz score

1. Does your loved one have memory loss?

☐ 1 Yes ☐ 0 No

2. If you answered yes to #1, is their memory worse than a few years ago?

☐ 1 Yes ☐ 0 No

3. Do they repeat statements or stories in the same day?

☐ 2 Yes ☐ 0 No

4. Have you had to take over tracking events or appointments, or does the patient forget appointments?

☐ 1 Yes ☐ 0 No

5. Do they misplace items more than once a month?

☐ 1 Yes ☐ 0 No

6. Do they suspect others of hiding, or stealing items when they cannot find them?

☐ 1 Yes ☐ 0 No

7. Does your loved one frequently have trouble knowing the day, date, month, year, and time; or check the date more than once a day?

☐ 2 Yes ☐ 0 No

8. Do they become disoriented in unfamiliar places?

☐ 1 Yes ☐ 0 No

9. Do they become more confused when not at home or when traveling?

☐ 1 Yes ☐ 0 No

10. Excluding physical limitations, do they have trouble handling money, such as tips or calculating change?

☐ 1 Yes ☐ 0 No

11. Do they have trouble paying bills or doing finances?

☐ 2 Yes ☐ 0 No

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12. Does your loved one have trouble remembering to take medicines or keeping track of medications taken?

☐ 1 Yes

☐ 0 No

13. Does your loved one have difficulty driving; or are you concerned about their driving?

☐ 1 Yes

☐ 0 No

14. Are they having trouble using appliances, such as the stove, phone, remote control, microwave?

☐ 1 Yes

☐ 0 No

15. Excluding physical limitations, are they having difficulty completing home repair or housekeeping tasks?

☐ 1 Yes

☐ 0 No

16. Excluding physical limitations, have they given up or cut down on hobbies such as golf, dancing, exercise or crafts?

☐ 1 Yes

☐ 0 No

17. Are they getting lost in familiar surroundings, such as their own neighborhood?

☐ 2 Yes

☐ 0 No

18. Is their sense of direction failing?

☐ 1 Yes

☐ 0 No

19. Do they have trouble finding words other than names?

☐ 1 Yes

☐ 0 No

20. Do they confuse names of family members or friends?

☐ 2 Yes

☐ 0 No

21. Do they have trouble recognizing familiar people?

☐ 2 Yes

☐ 0 No

### TOTAL SCORE

Tally the score and enter it on the Dashboard for your report.