



The Neurological Care Center of Montgomery

1315 MULBERRY ST.
MONTGOMERY, ALABAMA 36106
PHONE: 334-262-1113 FAX: 1-877-836-7673

Memory Loss Questionnaire:

Who is filling out this form? (Circle)

Patient Family Member (relation: _ _ _ Friend Caregiver

Name of the person filling out the form:

If you are **NOT** than the PATIENT, please go to "Dementia Questionnaire" If you are the PATIENT, answer below mentioned questions:

Temporal Lobe

- Frequent difficulty remembering appointments? Yes/ No
- Frequently misplace things? Yes/ No
- Frequent difficulty finding the right words during conversations or retrieving the names of things? Yes/ No
- Does the correct word/ name come back to you after sometime? Yes/ No
- Frequent tendency to misinterpret what one hears, reads or experiences? Yes/ No

Frontal Lobe

- Frequent difficulty thinking things through (reasoning)? Yes/ No
- Frequent difficulty handling finances/ routine affairs? Yes/ No
- Frequent difficulty finishing chores, tasks, or other activities? Yes/ No
- Frequent difficulty with organizing and planning things? Yes/ No
- Frequent feelings of boredom, loss of interest, feeling of hopelessness or helplessness? Yes/ No
- Low motivation to do things that were previously enjoyed? Yes/ No
- Tendency to act impulsively, such as saying or doing things without thinking first? Yes/ No
- Do I have (apathy, agitation, anxiety, irritability, depression, and delusions) more often than before? Yes/ No

Parietal Lobe

- Frequent wrong turns or episodes of getting lost traveling to well-known places (direction sense)? Yes/ No
- Frequent problems judging where you are in relationship to objects around you? Yes/ No
- Often get confused about left and right? Yes/ No
- Trouble learning a new task or skill? Yes/ No

Overall

- Deficits in my memory significantly hampers my daily functioning? Yes/ No Yes/ No
- Deficits in my memory significantly hampers my job/employment functioning?
- I can perform all my usual activities successfully? Yes/ No
- Are you involved in legal matter due to your cognitive problem? Yes/ No
- I see things which are not there (visual hallucinations)? Yes/ No



Do you have family history of dementia? Yes/ No If Yes, in whom _____

Have you ever had significant head trauma? Yes/ No If Yes, describe _____

How long you are having problem with memory/ cognition? _____ Years

Was the onset sudden or gradual in nature?

Do you smell things others don't smell? Yes/ No

Have you ever had any significant head trauma? Yes/ No

Do you have a history of concussions? Yes/ No

Do you ever have *Deja'Vu? Yes/ No

Do you ever have *Jama'Vu? Yes/ No

Do you have periods where you lose track of time? Yes/ No

Do you have episodes of anxiety for no reason? Yes/ No

Do you have vivid dreams? Yes/ No

Do you have *sleep paralysis? Yes/ No

Do you have uncontrollable body movements? Yes/ No

Any other details that we should be aware of? _____

**Deja'Vu (from French, meaning "already dreamed") is the feeling of having already dreamed something that is currently being experienced.*

**Jama'Vu is French which literally means "never seen". The phrase itself means "the experience of being unfamiliar with a person or situation that is actually very familiar".*

**sleep paralysis, that occurs during sleep. when you cannot move or speak as you are waking up or falling asleep.*

Patient Name: _ _ _ _ _

DOB : _____