

Cognitive Screening

Ask 8 yes/no questions to patient or someone who knows the patient:

- 1. Problems with judgement (eg, problems making decisions, bad financial decisions, problems with thinking)?
- 2. Less interest in hobbies/activities?
- 3. Repeats the same things over and over (questions, stories, or statements)?
- 4. Trouble learning how to use a tool, appliance, or gadget (eg, computer, microwave, remote control)?
- 5. Forgets correct month or year?
- 6. Trouble handling complicated financial affairs (eg, balancing checkbook, income taxes, paying bills)?
- 7. Trouble remembering appointments?
- 8. Daily problems with thinking and/or memory?

Add up total "yes" responses

Score ≥ 2 indicates further testing needed



