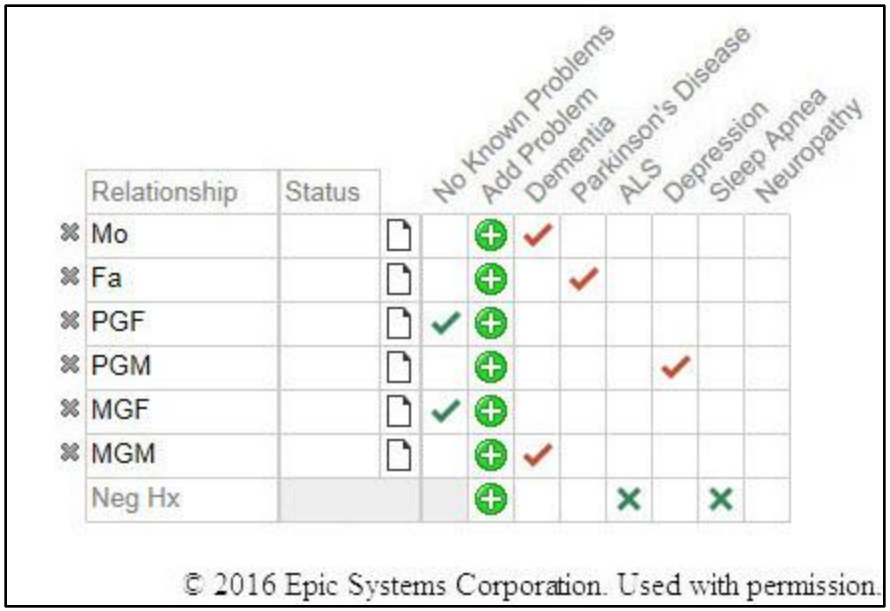
AD-8 Dementia Screening Interview

1. Problems with judgment (e.g., problems making decisions, bad financial decisions, problems with thinking)	1=Yes, a change	0=No, no change	N/A, don't know
2. Less interest in hobbies/activities	1=Yes, a change	0=No, no change	N/A, don't know
3. Repeats the same things over and over (questions, stories, or statements)	1=Yes, a change	0=No, no change	N/A, don't know
4. Trouble learning how to use a tool, appliance, or gadget (e.g., DVR, computer, microwave, remote control)	1=Yes, a change	0=No, no change	N/A, don't know
5. Forgets correct month or year	1=Yes, a change	0=No, no change	N/A, don't know
6. Trouble handling complicated financial affairs (e.g., balancing checkbook, income taxes, paying bills)	1=Yes, a change	0=No, no change	N/A, don't know
7. Trouble remembering appointments	1=Yes, a change	0=No, no change	N/A, don't know
8. Daily problems with thinking and/or memory	1=Yes, a change	0=No, no change	N/A, don't know
Total Questions Answered "Yes, A Change"			
Interpretation			
Comments			

Testing Status	
Was test performed?	Yes
Center for Epidemiologic Studies Depression Scale (CES-D), NMH	
1. During the past week, I was bothered by things that usually don't bother me.	0
2. During the past week, I did not feel like eating: my appetite was poor.	1
3. During the past week, I felt that I could not shake off the blues even with help from my family or friends.	1
4. During the past week, I felt I was just as good as other people.	3
5. During the past week, I had trouble keeping my mind on what I was doing.	0
6. During the past week, I felt depressed.	1
7. During the past week, I felt that everything I did was an effort.	1
8. During the past week, I felt hopeful about the future.	2
9. During the past week, I thought my life had been a failure.	1
10. During the past week, I felt fearful.	1
11. During the past week, my sleep was restless.	0
12. During the past week, I was happy.	3
13. During the past week, I talked less than usual.	1
14. During the past week, I felt lonely.	0
15. During the past week, people were unfriendly.	1
16. During the past week, I enjoyed life.	1
17. During the past week, I had crying spells.	1
18. During the past week, I felt sad.	0
19. During the past week, I felt that people dislike me.	1
20. During the past week, I could not get "going."	1
CES-D Score	20 (calculated)
Number answered (out of 20)	20 (calculated)



Neurological

Anosmia	No	Parkinson's Disease	No	Insomnia	No
Alzheimers/Dementia	No	Tremor	No	Sleep Apnea	No
Traumatic Brain Injury	No	REM Sleep Behavior Disorder	No	Seizures	No
Chronic Traumatic Encephalopathy	No	Restless Legs Syndrome	No	Stroke/TIA	No

Psychiatric

Alcohol Abuse	No	Bipolar Disorder	No	Depression	No
Anxiety	Yes				

Medical

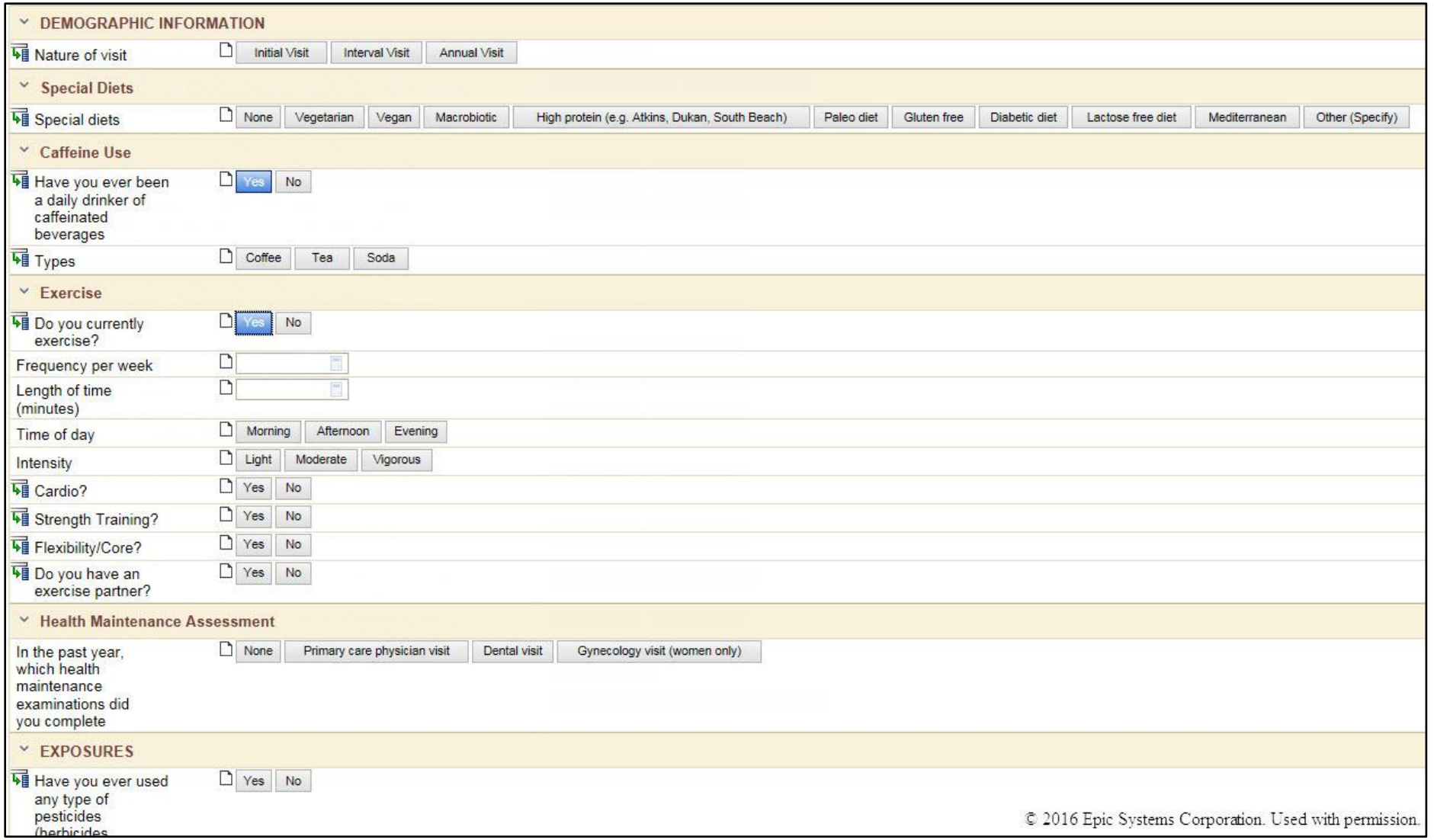
Bariatric surgery	No	Hypertension	No	Melanoma	No
Cancers (Other)	No	Hyperuricemia	No	Obesity	No
Celiac disease/gluten sensitivity	No	Inflammatory Bowel Disease	No	Prostate cancer	No
Diabetes	Yes	Kidney Stones	No	Renal Disease	No
Gout	No	Liver Disease	No	Thyroid Disease	Yes
Heart Disease	Yes	Lung Disease	Yes	Vitamin B12 Deficiency	Yes
Hypercholesterolemia	No	Malabsorption syndrome	Yes	Vitamin D Deficiency	No

Women's Health

Hormone Replacement Therapy	No				

Mediterranean Diet

1. Do you use OLIVE OIL as MAIN culinary fat?	0=No / 1=Yes
2. How much OLIVE OIL do you consume in a given day (including oil used for frying, salads, out-of-house meals, etc.)?	0=Less than 4 tbsp / 1=4 or more tbsp
3. How many VEGETABLE servings do you consume per day? (1 serving : 200 g [consider side dishes as half a serving])	0=Less than 2 / 1=2 or more
4. How many FRUIT units (including natural fruit juices) do you consume per day?	0=Less than 3 / 1=3 or more
5. How many servings of RED MEAT, HAMBURGER, or MEAT PRODUCTS (ham, sausage, etc.) do you consume per day? (1 serving: 100-150 g)	0=1 or more / 1=Less than 1
6. How many servings of BUTTER, MARGARINE, or CREAM do you consume per day? (1 serving: 12 g)	0=1 or more / 1=Less than 1
7. How many SWEET or CARBONATED BEVERAGES do you drink per day?	0=1 or more / 1=Less than 1
8. How much WINE do you drink per week?	0=< 7 glasses / 1=7+ glasses
9. How many servings of LEGUMES (i.e. beans, peas, lentils) do you consume per week? (1 serving : 150 g)	0=Less than 3 / 1=3 or more
10. How many servings of FISH or SHELLFISH do you consume per week? (1 serving 100-150 g of fish or 4-5 units or 200 g of shellfish)	0=Less than 3 / 1=3 or more
11. How many times per week do you consume COMMERCIAL SWEETS or PASTRIES (not homemade), such as cakes, cookies, biscuits, or custard?	0=3 or more / 1=Less than 3
12. How many servings of NUTS (including peanuts) do you consume per week? (1 serving 30 g)	0=Less than 3 / 1=3 or more
13. Do you PREFERENTIALLY consume CHICKEN, TURKEY, or rabbit meat instead of veal, pork, hamburger, or sausage?	0=No / 1=Yes or N/A (vegetarian)
14. How many times per week do you consume vegetables, pasta, rice, or other dishes seasoned with SOFRITO (sauce made with tomato and onion, leek, or garlic and simmered with olive oil)?	0=Less than 2 / 1=2 or more
Score	
Interpretation	
Comments	



DEMOGRAPHIC INFORMATION

Nature of visit: Initial Visit | Interval Visit | Annual Visit

Special Diets

Special diets: None | Vegetarian | Vegan | Macrobiotic | High protein (e.g. Atkins, Dukan, South Beach) | Paleo diet | Gluten free | Diabetic diet | Lactose free diet | Mediterranean | Other (Specify)

Caffeine Use

Have you ever been a daily drinker of caffeinated beverages: Yes | No

Types: Coffee | Tea | Soda

Exercise

Do you currently exercise: Yes | No

Frequency per week:

Length of time (minutes):

Time of day: Morning | Afternoon | Evening

Intensity: Light | Moderate | Vigorous

Cardio: Yes | No

Strength Training: Yes | No

Flexibility/Core: Yes | No

Do you have an exercise partner: Yes | No

Health Maintenance Assessment

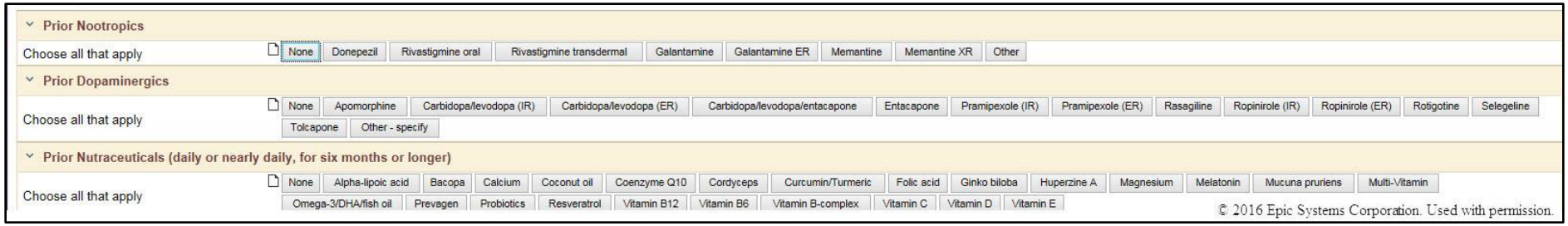
In the past year, which health maintenance examinations did you complete: None | Primary care physician visit | Dental visit | Gynecology visit (women only)

EXPOSURES

Have you ever used any type of pesticides (herbicides: Yes | No

Readiness Assessment Questions

1. Undergo diagnostic testing (e.g., blood, brain imaging, memory) or referrals?	4=very willing	3=willing	2=unsure	1=unwilling	0=very unwilling	
2. Significantly modify your diet?	4=very willing	3=willing	2=unsure	1=unwilling	0=very unwilling	
3. Take nutritional supplements?	4=very willing	3=willing	2=unsure	1=unwilling	0=very unwilling	
4. Moderate alcohol use?	4=very willing	3=willing	2=unsure	1=unwilling	0=very unwilling	N/A=not applicable
5. Quit smoking?	4=very willing	3=willing	2=unsure	1=unwilling	0=very unwilling	N/A=not applicable
6. Work on improving your sleep quality?	4=very willing	3=willing	2=unsure	1=unwilling	0=very unwilling	
7. Participate in an aerobic exercise activity for a minimum of 30 minutes daily?	4=very willing	3=willing	2=unsure	1=unwilling	0=very unwilling	
8. Participate in a cognitive therapy program (multiple weekly sessions)?	4=very willing	3=willing	2=unsure	1=unwilling	0=very unwilling	
9. Participate in a mindfulness activity (e.g., yoga, meditation)?	4=very willing	3=willing	2=unsure	1=unwilling	0=very unwilling	
10. Work with a lifestyle coach to improve compliance with interventions?	4=very willing	3=willing	2=unsure	1=unwilling	0=very unwilling	
11. Use digital health devices (e.g., wearable tracking devices, smart phones, electronic medical records) to improve compliance with interventions?	4=very willing	3=willing	2=unsure	1=unwilling	0=very unwilling	
12. Return for an annual follow up visit to the Center for Brain Health?	4=very willing	3=willing	2=unsure	1=unwilling	0=very unwilling	
13. Participate in clinical trials (e.g., new tests, interventions, or medications)?	4=very willing	3=willing	2=unsure	1=unwilling	0=very unwilling	
Total Questions Answered						
Score						
Comments						


Prior Nootropics
Choose all that apply
None
Donepezil
Rivastigmine oral
Rivastigmine transdermal
Galantamine
Galantamine ER
Memantine
Memantine XR
Other
Prior Dopaminergics
Choose all that apply
None
Apomorphine
Carbidopa/levodopa (IR)
Carbidopa/levodopa (ER)
Carbidopa/levodopa/entacapone
Entacapone
Pramipexole (IR)
Pramipexole (ER)
Rasagiline
Ropinirole (IR)
Ropinirole (ER)
Rotigotine
Selegeline
Tolcapone
Other - specify
Prior Nutraceuticals (daily or nearly daily, for six months or longer)
Choose all that apply
None
Alpha-lipoic acid
Bacopa
Calcium
Coconut oil
Coenzyme Q10
Cordyceps
Curcumin/Turmeric
Folic acid
Ginko biloba
Huperzine A
Magnesium
Melatonin
Mucuna pruriens
Multi-Vitamin
Omega-3/DHA/fish oil
Prevagen
Probiotics
Resveratrol
Vitamin B12
Vitamin B6
Vitamin B-complex
Vitamin C
Vitamin D
Vitamin E
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Short Test of Mental Status

› Instructions

TESTING STATUS

Was test performed?	Yes | Unable to perform | Patient refused

ORIENTATION

› Instructions

Full name	Correct | Incorrect
Full address	Correct | Incorrect
Current location (building)	Correct | Incorrect
City	Correct | Incorrect
State	Correct | Incorrect
Date (day)	Correct | Incorrect
Month	Correct | Incorrect
Year	Correct | Incorrect
Orientation sub score (0-8)	8

ATTENTION

› Instructions

Digit span (present 1/sec, record longest correct span) *"2-9-6-8-3" ; "5-7-1-9-4-6" ; "2-1-5-9-3-6-2"*	0 | 1 | 2 | 3 | 4 | 5 | 6 | 7
Attention sub score (0-7)	5

IMMEDIATE RECALL

› Instructions

Number of words learned *"apple", "Mr. Johnson", "charity", "tunnel"*	0 | 1 | 2 | 3 | 4
Number of trials (1-4)	1 | 2 | 3 | 4
Immediate recall sub score (-3 to 4)	INVALID RESPONSE- words learned less than 4 req

CALCULATION

› Instructions

5 X 13	Correct | Incorrect
65-7	Correct | Incorrect
58/2	Correct | Incorrect