

Take the Brain Health Quiz

This is a screening test to determine your risk for Alzheimer's disease, Parkinson's disease or related disorders. If you have Alzheimer's or Parkinson's, do not take the Brain Health Quiz. Instead, please call (877) 570-7020 to request an appointment with a neurologist specializing in those disorders.

1. Does (or did) anyone in your family have Alzheimer's disease or dementia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you tested positive for an Alzheimer's disease gene?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not applicable
3. Does (or did) anyone in your family have Parkinson's disease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you tested positive for a Parkinson's disease gene?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not applicable
5. Have you had a concussion (head injury with loss of consciousness or disorientation, confusion, or memory loss)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you had repetitive blows to the head (e.g., from sports, military service or physical abuse)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. On average do you sleep less than six hours a night?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Do you frequently act out your dreams (e.g., talk, shout, scream, kick, hit, punch)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Did you reach menopause (complete cessation of menstrual periods for one year) before age 45 (naturally, not due to surgery)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not applicable
10. Have you had surgical removal of one or both ovaries before age 45?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not applicable
11. Do you have heart problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Do you have high blood pressure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Have you had a stroke?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Do you have diabetes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Do you have high cholesterol?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Are you obese (body mass index ≥ 30)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. Do you currently smoke?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. On average do you have more than two drinks of alcohol (e.g., wine, beer, liquor) a day?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. Have you been diagnosed by a doctor or treated for depression?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. Did you complete less than 12 years of school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21. Are you sedentary (physically inactive)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22. Do you eat red meat, fatty (or "fast") foods, sugary foods (or drinks) or white bread daily?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23. Are you worried about your brain health?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you've answered yes to one or more of these questions, you may have increased risk for Alzheimer's disease, Parkinson's disease or related disorders.

To find out more information on how to keep your brain healthy, call **(847) 503-4CBH (4224)** or go to northshore.org/brainhealth.