ALZHEIMER'S FOUNDATION OF AMERICA
National Memory Screening Day® 2013

VOLUNTARY PARTICIPANT SURVEY

Participation in the Alzheimer's Foundation of America (AFA) National Memory Screening Day survey is **voluntary**. We do not ask for your name or other personal information. The information you provide will assist AFA in its memory screening initiative.

Please complete this survey with a pen and indicate your answers by checking the relevant boxes with an **X**. When you have completed the survey please hand it to your screener. Thank you for your assistance.

1. Are you male or female?

- ☐ Male
- ☐ Female

2. What is your age?

- ☐ Under 25
- ☐ 25-29
- ☐ 30-34
- ☐ 35-39
- ☐ 40-44
- ☐ 45-49
- ☐ 50-54
- ☐ 55-59
- ☐ 60-64
- ☐ 65-69
- ☐ 70-74
- ☐ 75-79
- ☐ 80-84
- ☐ 85 and older

3. What is your primary race?

- ☐ White
- ☐ Black or African-American
- ☐ American Indian or Native American
- ☐ Native Hawaiian or other Pacific Islander
- ☐ North Asian (for example, Chinese, Japanese)
- ☐ Middle Eastern/ South Asian
- ☐ Other
- ☐ I prefer not to answer

4. Are you of Hispanic ethnic background?

- ☐ Yes
- ☐ No

5. What is the highest level of education you have completed? (Check only one)

- ☐ Grade school
- ☐ High school
- ☐ Some undergraduate courses
- ☐ Undergraduate degree
- ☐ Graduate degree

6. When was the last time you saw a primary healthcare provider? (For example, doctor, nurse practitioner)

- ☐ Within the past six months
- ☐ Between six months to one year ago
- ☐ Between one to two years ago
- ☐ Longer than two years ago

7. Have you participated in the Medicare Annual Wellness Visit?

- ☐ Yes
- ☐ No

7a. If "Yes," did you receive a cognitive assessment/ memory screening at that time?

- ☐ Yes
- ☐ No

8. Have you received any of the following screenings at a primary care provider's office? (Check all that apply)

- ☐ Blood pressure screening
- ☐ Cancer screening
- ☐ Cholesterol screening
- ☐ Depression screening
- ☐ Diabetes screening
- ☐ Glaucoma screening
- ☐ Memory screening
- ☐ Other (specify): _____
  _____
  _____
- ☐ I have never received a screening of any kind at a primary care provider's office

Please continue to next page

9. Why did you come in today for a screening on National Memory Screening Day? (Check all that apply)

- ☐ I have relatives with Alzheimer's disease
- ☐ I have noticed that I am more forgetful these days
- ☐ I have gotten lost when I was outside my house
- ☐ My family or friends have encouraged me to get screened
- ☐ My employer suggested that I have my memory checked
- ☐ I want to see how I will do and obtain a score for future comparison
- ☐ I feel this is important to do regularly
- ☐ I have received a diagnosis of mild cognitive impairment (MCI)
- ☐ I have received a diagnosis of Alzheimer's disease
- ☐ Other (specify): _____

_____

10. If today's screening test results suggest a need for further evaluation, which type of healthcare provider will you follow up with first? (Check only one)

- ☐ Primary care physician
- ☐ Neurologist
- ☐ Nurse practitioner
- ☐ Mental health professional (for example, psychiatrist, psychologist, counselor)
- ☐ Other health specialist (specify): _____

_____

11. Has your primary healthcare provider ever given you a memory screening?

- ☐ Yes
- ☐ No

11a. If you checked "Yes" in Q.11, when did you have the memory screening?

- ☐ Within the past year
- ☐ Longer than one year ago

12. Has your primary healthcare provider (for example, doctor, nurse practitioner) ever provided information on ways to protect your memory/ help reduce risk factors for Alzheimer's disease?

- ☐ Yes
- ☐ No

13. Are you doing any of the following to help protect your memory? (Check all that apply)

- ☐ Mental stimulation (for example, doing puzzles, playing board games, doing brain exercises, etc.)
- ☐ Managing stress
- ☐ Eating a healthy diet
- ☐ Limiting alcohol consumption
- ☐ Taking nutritional supplements
- ☐ Socializing more
- ☐ Controlling other health risk factors, such as depression and high blood pressure
- ☐ Physical exercise (if you select this option, please answer questions **13a** and **13b**, below)
- ☐ Other (specify): _____

_____

13a. If you checked "Physical exercise" in Q.13, how many times per week do you exercise?

- ☐ 1-2
- ☐ 3 or more
- ☐ I did not check "Physical exercise"

13b. If you checked "Physical exercise" in Q.13, what type(s) of exercise do you do?

- ☐ Walking
- ☐ Running (indoors or outdoors)
- ☐ Cycling
- ☐ Swimming
- ☐ Weights
- ☐ Other (specify): _____

_____

_____

- ☐ I did not check "Physical exercise"

Please continue to next page

14. In the last year, have any of the following incidents happened to you when you were driving? (Check all that apply)

- ☐ Difficulty staying in your lane
- ☐ Drivers honking at you
- ☐ Being lost in familiar areas
- ☐ A speeding ticket
- ☐ Pulled over by police
- ☐ Motor vehicle accident resulting in a fender-bender
- ☐ Motor vehicle accident resulting in an injury
- ☐ Motor vehicle accident resulting in a death
- ☐ Other (please specify): _____
  _____
- ☐ I have not driven in the past year

15. Have you experienced memory lapses that have caused you to be concerned about your memory?

- ☐ Yes (continue to Question 16)
- ☐ No (go directly to Question 18—next page)

16. Since you are concerned about your memory, with whom have you spoken about your memory concerns? (Check all that apply)

- ☐ No one
- ☐ My spouse
- ☐ My adult child (or children)
- ☐ My friend(s)
- ☐ My healthcare provider (check all that apply)
  - ☐ Primary care physician
  - ☐ Neurologist
  - ☐ Nurse Practitioner
  - ☐ Mental health professional (for example, psychiatrist, psychologist, counselor)
  - ☐ Other health specialist (specify): _____
    _____
- ☐ Other (specify): _____
  _____

17. Have you shared your memory concerns with a healthcare professional in the past (other than on National Memory Screening Day)?

- ☐ Yes. Why? (Check all that apply):
  - ☐ I have relatives with Alzheimer's disease
  - ☐ I have noticed that I am more forgetful these days
  - ☐ I have gotten lost when I was outside my house
  - ☐ My family or friends have encouraged me to get screened
  - ☐ My employer suggested that I have my memory checked
  - ☐ My primary healthcare provider asked me about my memory
  - ☐ I was aware that my healthcare professional could provide me with a memory screening
  - ☐ I was aware that detection of cognitive impairment is part of the Medicare Annual Wellness Visit
  - ☐ I previously got screened on National Memory Screening Day and wanted to follow up
  - ☐ Other (specify): _____
- ☐ No. Why not? (Check all that apply):
  - ☐ I did not think my memory issues were severe enough
  - ☐ I thought Alzheimer's disease is a normal part of aging
  - ☐ I did know my healthcare professional could provide me with a memory screening
  - ☐ I thought I was too young to have Alzheimer's disease or a related dementia
  - ☐ My healthcare provider never asked me about my memory
  - ☐ I was concerned about being labeled with this disease
  - ☐ I did not want to think about it
  - ☐ I believed that since there is no cure for Alzheimer's disease, there was no point
  - ☐ My family discouraged me from raising the issue
  - ☐ I did not have health insurance
  - ☐ I did not know that detection of cognitive impairment is part of the Medicare Annual Wellness Visit
  - ☐ Other (specify): _____

Please continue to next page

18. Did you get a memory screening on National Memory Screening Day in any of these years? (Check all that apply)

- ☐ 2003
- ☐ 2004
- ☐ 2005
- ☐ 2006
- ☐ 2007
- ☐ 2008
- ☐ 2009
- ☐ 2010
- ☐ 2011
- ☐ 2012

19. In what type of setting(s) would you feel comfortable receiving a memory screening? (Check all that apply)

- ☐ Doctor's office
- ☐ Senior center
- ☐ Clinic
- ☐ Hospital
- ☐ Alzheimer's organization
- ☐ Library
- ☐ Social service agency
- ☐ House of worship
- ☐ Pharmacy or drug store
- ☐ Assisted living facility
- ☐ Supermarket/ convenience store

20. Do you have any additional comments or suggestions? _____

_____

_____

Thank you so much for completing this voluntary survey. Please hand this form to your screener.

FOR OFFICIAL USE ONLY **— TO BE COMPLETED BY HEALTHCARE PROFESSIONAL SCREENER**

1. Which screening instrument was used for this participant, and what was their score?

- ☐ *BAS* *Score* ☐☐
- ☐ *GPCOG* *Score* ☐ */ 9*
- ☐ *Mini-Cog* *Score* ☐ */ 5*
- ☐ *MIS* *Score* ☐ */ 8*
- ☐ *Kokmen* *Score* ☐☐ */ 38*
- ☐ *MMSE* *Score* ☐☐ */ 30*
- ☐ *MoCA* *Score* ☐☐ */ 30*
- ☐ *Other (specify):* _____ *Score* ☐☐ / ☐☐

2. Did you encourage the participant to follow up with his/her physician or other healthcare professional?

- ☐ *Yes*
- ☐ *No*

3. Additional comments (optional): _____

_____

_____

_____