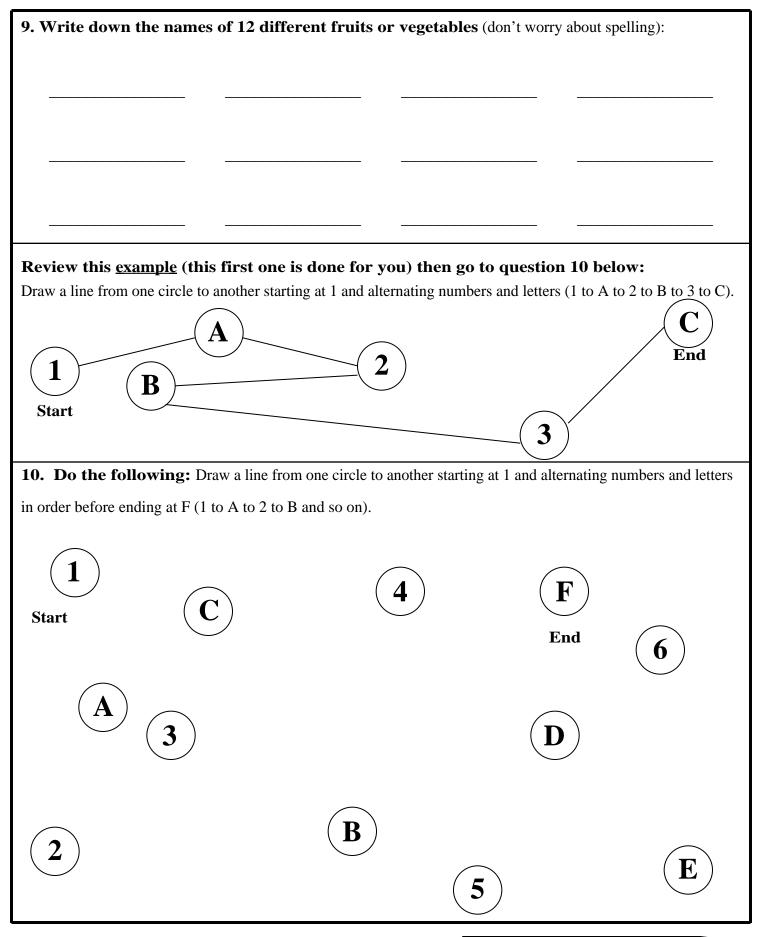
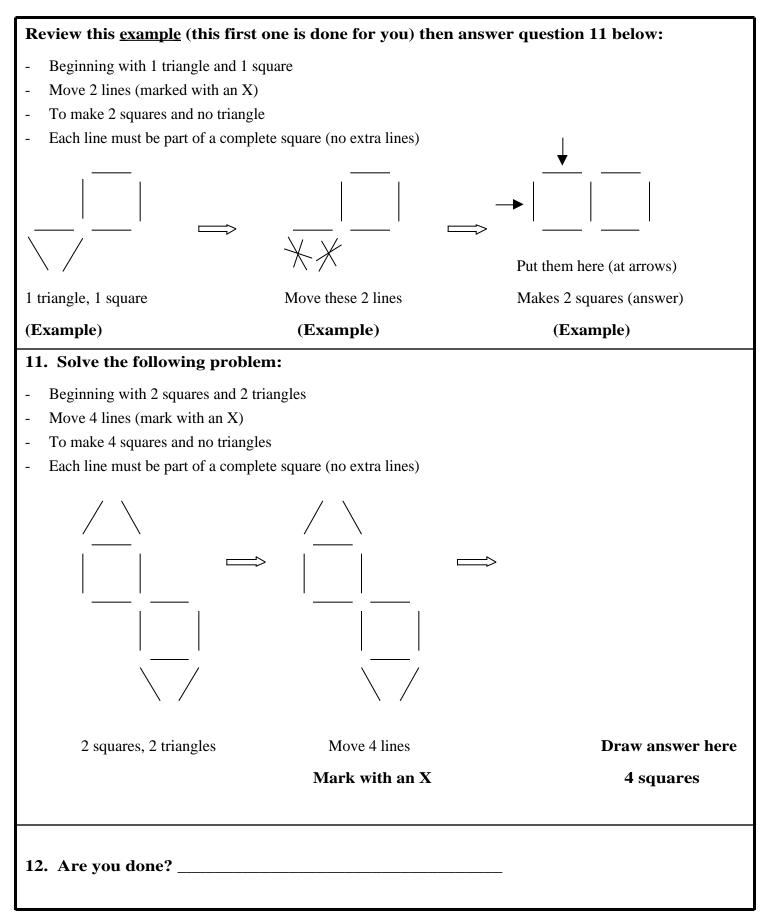
How Well Are You Thinking?

Please complete this form in ink **without** the assistance of others.

Name	Date of Birth	//
How far did you get in school?	I am a Man	Woman
I am Asian Black Hispanic	White	Other
Have you had any problems with memory or thinking? Yes	Only Occasionally	No
Have you had any blood relatives that have had problems with memory	or thinking? Yes	No
Do you have balance problems? Yes No		
If yes, do you know the cause? Yes (specify reason)		No
Have you ever had a major stroke? Yes No A mino	or or mini-stroke? Yes_	No
Do you currently feel sad or depressed? Yes Only Occasionally No		
Have you had any change in your personality? Yes (specify changes)_		No
Do you have more difficulties doing everyday activities due to thinking problems? YesNo		
1. What is today's date? (from memory – no cheating!) Month Date Year 2. Name the following pictures (don't worry about spelling):		



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