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Brain and Memory Health Survey

Print Survey check boxes that apply and total score at bottom

Section A

- Are you concerned about a decline in your brain or memory function?
- Do you have a family history of Alzheimer's disease or Dementia?
- Do you have hypertension, elevated cholesterol, cardiovascular disease or diabetes?
- Are you taking medications for any of the above mentioned conditions?
- Are you currently taking any form of prescription medication?
(Medications may deplete your body of nutrients leading to decline in brain and/or memory function?)

Section B

- Do you experience anxiety or depression and/or are you taking medication for them?
- Do you have difficulty remembering people's names?
- Do you have difficulty with recalling recent information?
- Do you misplace or lose things frequently?
- Do you often walk into a room only to find an inability to recall why you entered?
- Do you have difficulty concentrating?
- Do you have difficulty finishing tasks to completion?
- Do you have difficulty sleeping and/or do you wake up frequently during the night?
- Do you experience a racing mind and/or a mind that never seems to rest?
- Have you experienced a decline in sexual desire and/or performance?
- Have you lost your sense of creativity?
- Do you find yourself feeling more irritable?
- Do you feel as though you have lost your playful nature?

Scoring

Section A – 5 points for each checked item

Section B – 2 points for each checked item

= _____

= _____

TOTAL

Scoring Guide: Less than 5 points, brain and memory function likely intact. 5-20 points, an evaluation for brain and memory function may be indicated. Greater than 20 points, seek evaluation from a Naturopathic medical provider for brain and memory function for optimal health.