

Over the past <b>two weeks</b> , how often did <b>your loved one</b> have problems with: (Use √ to indicate your answer.)	Not at all ( <b>0-1 day</b> ) 0 points	Several Days ( <b>2-6 days</b> ) 1 point	More than half the days ( <b>7-11 days</b> ) 2 points	Almost daily ( <b>12-14 days</b> ) 3 points
Judgment or decision-making				
Repeating the same things over and over such as questions or stories				
Forgetting the correct month or year				
Handling complicated financial affairs such as balancing checkbook, income taxes & paying bills				
Remembering appointments				
Thinking or memory				
Learning how to use a tool, appliance, or gadget				
Planning, preparing, or serving meals				
Taking medications in the right dose at the right time				
Walking or physical ambulation				
Bathing				
Shopping for personal items like groceries				
Housework or household chores				
Leaving her/him alone				
Her/his safety				
Her/his quality of life				
Falling or tripping				
Less interest or pleasure in doing things, hobbies or activities				
Feeling down, depressed, or hopeless				
Being stubborn, agitated, aggressive or resistive to help from others				
Feeling anxious, nervous, tense, fearful or panic				
Believing others are stealing from them or planning to harm them				
Hearing voices, seeing things or talking to people who are not there				
Poor appetite or overeating				
Falling asleep, staying asleep, or sleeping too much				
Acting impulsively, without thinking through the consequences of her/his actions				
Wandering, pacing, or doing things repeatedly				
Over the past <b>two weeks</b> , how often did <b>you</b> have problems with: (Use √ to indicate your answer.)	Not at all ( <b>0-1 day</b> ) 0 points	Several Days ( <b>2-6 days</b> ) 1 point	More than half the days ( <b>7-11 days</b> ) 2 points	Almost daily ( <b>12-14 days</b> ) 3 points
<b>Your</b> quality of life				
<b>Your</b> financial future				
<b>Your</b> mental health				
<b>Your</b> physical health				
<b>Place Sticker Here</b>	<b>COGNITIVE SUBSCALE</b>			
	<b>FUNCTIONAL SUBSCALE</b>			
	<b>BEHAVIORAL AND MOOD SUBSCALE</b>			
	<b>CAREGIVER STRESS SUBSCALE</b>			
	<b>TOTAL SCORE</b>			