

### ReCode Symptoms Questionnaire

Duration (in years) of cognitive symptoms?	
Have the cognitive symptoms been progressive?	
Was the first problem memory?	
Is the main problem memory?	
Problems with calculation?	
Problems with organizing?	
Problems with finding words?	
Problems with reading?	
Problems with recognizing faces?	
Saying inappropriate things?	
Headaches?	
REM behavioral disturbance (flinging arms wildly while sleeping)?	
Loss of empathy?	
Stealing items?	
Sleeping later than you used to?	
Loss of sense of smell?	
Visual hallucinations or delusions?	
Tremor at rest?	
Difficulty looking upward?	
Difficulty with balance or walking?	
Sleep < 7 hours / night?	
Sleep apnea / hypopnea?	
History of loss of consciousness?	
History of head trauma?	
History of stroke?	
History of heart attack or angina?	
History of atrial fibrillation?	
Taking Warfarin or Coumadin?	
Poor dentition?	
Dental amalgams (old-fashioned metal fillings)?	
More than 3 dental amalgams?	
Eat tuna, swordfish, or shark more than once per week?	
Root canals?	
History of tick bite?	
History of Lyme disease?	
History of meningitis?	
Neuroactive medications (such as Valium or Xanax or sleeping pills or anti-depressants)?	
Taking a statin drug for cholesterol?	
Mold exposure?	

History of chronic fatigue or fibromyalgia?	
History of asthma?	
History of nosebleeds?	
History of arthritis?	
Taking medicine for diabetes?	
Family history of dementia?	
Family history of brain hemorrhage?	
General anesthesia after 40 years old?	
More than 2 times general anesthesia after 40 years old?	
Exposure to mitochondrial damaging agents (antibiotics, statins, griseofulvin, AZT, acetaminophen, NSAIDs, cocaine, methamphetamine, L-DOPA, alcohol)?	
Hysterectomy?	
Hysterectomy before age 45?	
Are you taking hormone replacement therapy?	
Are you taking thyroid medicine?	
History of recurrent Herpes on your lips?	
Gluten sensitivity?	
History of leaky gut?	
History of emphysema?	
History of kidney failure?	
History of alcohol seizures or shakes on withdrawal?	
Alcohol use more than 1.5 drinks per day?	
History of cancer?	
History of prostate cancer treatment?	
History of chronic constipation?	