

Dr. June E. Stevens ND
NOR CAL Natural Medicine
Phone (530) 691-4115 - Fax (530) 691-4116
1135 Pine Street, Suite # 112
Redding, CA. 96001

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?
- Have you has any positive genetic testing for either APOE4 gene or MTHFR gene?
- Have you ever sustained any head injuries – concussions, blast injury, or loss of consciousness?
- Do you have any known environmental toxin exposures (i.e. chemicals, solvents, fumes, heavy metals or molds)
- Do you have chronic digestive issues (GERD, gas and bloating, constipation or diarrhea)
- Do you have hypertension, elevated cholesterol, cardiovascular disease, and diabetes or insulin resistance?
- 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 or playful nature?
- Do you find yourself feeling more irritable?
- Do you live a sedentary lifestyle?
- Do you consume a high carbohydrate/sugar diet?

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. Greater than 5 points, an evaluation from a medical provider for brain and memory function is recommended.