

### Brain Health Test: Risk Factors

Name	<hr/>	
Birthday	<hr/>	
Performed Date	<hr/>	
Medical ID	<hr/>	
ID	<hr/>	
Risk factors		
Memory decline (subjects)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Memory decline (informants)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Memory impairment (doctors)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Age	<hr/>	
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
BMI (kg/m <sup>2</sup> )	<hr/>	
Education	<hr/> year	
Diabetes	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Hypertension	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Hyperlipidemia	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Head trauma accompanied by consciousness change	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Needing assistance to manage money or medications	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Depression (Depressed mood or a loss of interest or pleasure in daily activities for more than two weeks)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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TDS “Brain Health Test”: Cognitive Test

Items	Scores
Orientation to time (“What is the year? Month? Date? Day?”)	____ / 4
Immediate recall of five items	____ / 5
Categorical verbal fluency test  Saying as many four-legged animals in one minute as possible	
Delayed recall of five items	____ / 5
Clock Drawing Test (10:10)	
Total Score	____