FAMILY REPORT
I’d like to ask you some questions about (name). These questions are about his/her health and memory.

FAMILY- MEDICAL HISTORY
1. Has s/he ever had a stroke? (gone weak down one side)
   yes  no  don’t know

2. Has s/he got sugar sickness? (diabetes)
   yes  no  don’t know

3. Has s/he got high blood pressure?
   yes  no  don’t know

4. Has s/he got heart problems?
   yes  no  don’t know

5. Has s/he got kidney problems?
   yes  no  don’t know

6. Has s/he ever been knocked out? (eg. hit their head and blacked out)
   yes  no  don’t know

7. Has s/he ever been sad all the time?
   yes  no  don’t know
   7.1 if yes- have they had medicines for that? (antidepressants)
      yes  no  don’t know

8. Does s/he have trouble walking?
   yes  no  don’t know

9. Does s/he fall down a lot?
   yes  no  don’t know
   9.1 if yes- do they hurt themselves?
      yes  no  don’t know

10. Does s/he have any pain?
    yes  no  don’t know
    10.1 if yes- sometimes……..all the time?
       sometimes  all of the time

11. Does s/he remember to take their medicines?
    yes  no  don’t know
    11.1 Do you have to help?
       yes  no  don’t know

12. Is there anything else you are worried about?