

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*)

<i>yes</i>	<i>no</i>	<i>don't know</i>
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2. Has s/he got sugar sickness? (*diabetes*)

<i>yes</i>	<i>no</i>	<i>don't know</i>
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3. Has s/he got high blood pressure?

<i>yes</i>	<i>no</i>	<i>don't know</i>
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4. Has s/he got heart problems?

<i>yes</i>	<i>no</i>	<i>don't know</i>
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5. Has s/he got kidney problems?

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

<i>yes</i>	<i>no</i>	<i>don't know</i>
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7. Has s/he ever been sad all the time?

<i>yes</i>	<i>no</i>	<i>don't know</i>
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 - 7.1 *if yes*- have they had medicines for that? (*antidepressants*)

<i>yes</i>	<i>no</i>	<i>don't know</i>
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8. Does s/he have trouble walking?

<i>yes</i>	<i>no</i>	<i>don't know</i>
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9. Does s/he fall down a lot?

<i>yes</i>	<i>no</i>	<i>don't know</i>
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 - 9.1 *if yes*- do they hurt themselves?

<i>yes</i>	<i>no</i>	<i>don't know</i>
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10. Does s/he have any pain?

<i>yes</i>	<i>no</i>	<i>don't know</i>
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 - 10.1 *if yes*- sometimes.....all the time?

<i>sometimes</i>		<i>all of the time</i>
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11. Does s/he remember to take their medicines?

<i>yes</i>	<i>no</i>	<i>don't know</i>
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 - 11.1 Do you have to help?

<i>yes</i>	<i>no</i>	<i>don't know</i>
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12. Is there anything else you are worried about?