

MEMORY SYMPTOM QUESTIONNAIRE FOR WORKING-AGE ADULTS date: _____

Name: _____

Do you have problems with your memory? no yes

Do you have difficulty at concentrating? no yes

Has it become more difficult for you to learn new things? no yes

How did the symptoms begin? suddenly; when: _____

gradually

symptoms vary; how (e.g. by day? by task?) _____

Is the onset or intensifying of symptoms connected with burdening events at work or at home? If so, what kind of events? _____

Have there been changes at your work with regard to e.g. the demands of the work or the working hours? What kind? How have they affected the facility of the work? _____

How do the problems with memory, concentration of learning new things manifest themselves in everyday life? Give a few concrete examples to illustrate what sort of things you are unable to do or require more effort than they did before? _____

(Note to interviewer: Various early symptoms of memory illnesses may include changes in character and behaviour, indifference towards oneself and others, impulsiveness, degradation of episodic memory, forgetting new things quickly, variance in attentiveness and alertness, difficulties in visual perception, visual hallucinations, the degradation and slowing down of information processing.)

Do the symptoms differ between working and non-working days?
 no
 yes; what sort of differences are there? _____

In order to discover and treat the causes of memory disorders and for possible further examinations and referrals the following factors must also be determined:

What other diseases is the person suffering from and are they under control? E.g. diabetes, hypertension, hypercholesterolemia, thyroid dysfunction. _____

Has the person suffered head traumas at any time? Ask also about situations where the person has, for instance, fallen and hit his/her head but it has not been examined, or experienced a momentary unconsciousness after a (car) crash. _____

Find out whether the person is experiencing **pressures due to the lack of time, stress or exhaustion** because of his/her work or other circumstances of his/her life. Are there **pains**? _____

If necessary, administer a test for **depression**.

Find out if the person suffers from **sleep disturbances**, for instance by administering a suitable test.

Find out the use of **alcohol** by e.g. Audit. Remember also to find out the possible use of **narcotics**.

Map all the medications being taken by the person (description, over-the counter, natural products).
List the names, strengths and dosages:

If no obvious reason for memory disorders is found, a referral to a neurologist must immediately be written. Every performed laboratory and other examination with their results as well as the information obtained through interviews must be described in the referral.