

SYMPTOM INVENTORY

Patient _____

Informant _____

Years informant has known patient _____

Informant's relation to patient _____

INSTRUCTIONS: Please indicate below if you think that the above named patient has shown to an abnormal extent any of the symptoms or problems listed below. Please provide a few words to describe or provide examples of what you have observed. Please also try to provide your best estimate of how long ago you first began noticing the symptom or problem.

Symptom/Problem	Description	When Was Problem First Noticed?
Personal finance errors (for example, problems with checkbook, bill paying, making change, making purchases)--		_____
Problems performing complex tasks--		_____
Problems concentrating--		_____
Episodes of confusion--		_____
Difficulty finding words--		_____
Difficulty with arithmetic--		_____
Difficulty reading/writing/spelling--		_____
Difficulty driving--		_____
More socially withdrawn--		_____
Change in mood/feelings--		_____
Change in personality or behavior (inappropriate statements, more aggressive or withdrawn, unusual behavior)--		_____
Difficulty with movements or walking--		_____
Difficulty sleeping or excessive fatigue--		_____

(OVER)

MEMORY PROBLEMS--About how long ago did you first notice memory problems? _____

Has the patient's memory difficulty become worse since it was first noticed? Yes _____ No _____

Put a checkmark beside any of the following things patient has been forgetting (please provide examples where possible):

Names of family?	Names of friends/acquaintances?
Where objects or personal items have been placed?	To turn off devices (for example, the stove)?
To take medications?	Recent conversation or things said to him or her?
Things he or she has just read?	Things he or she has just seen on TV, a movie, etc.?
Events of personal history?	Recent personal experiences?
How to do things he or she used to be able to do easily?	His or her way when driving or walking alone?
Important dates or appointments?	Personal information (e.g., phone number, address)?
Things he or she has just said or asked (repeating self)?	Things he or she has just done (repeats chores or other tasks)?
Any other memory problems not listed above?	

Has the patient had to stop doing any of his or her normal recreational or other activities because of problems with memory or other thinking processes? (If so, please give examples).

Other notes, comments, observations--