

Checklist for Memory Loss

The student asks the following questions:

- Do you think you have a memory problem, or have others noticed it?
- Do you have trouble remembering current events and appointments, or remembering to pay bills?
- Is your memory loss getting worse or staying the same?
- Did your memory loss begin gradually or suddenly?

- Did you or others notice your memory loss all of the time or only at certain times of the day and/or night?
- When did you first notice a memory loss problem?
- Does anyone in your family have a problem with memory loss?
- Do you have a history of psychiatric problems, neurological conditions, or any head trauma?
- Have you ever been or are you afraid of being hit or hurt by anyone?
- Have you been the victim of a violent attack?
- Are you lonely?
- How often do you leave your home or have people visit you?
- Do you have a history of hypertension, stroke, or coronary heart disease?
- What medications, either prescription, OTC, or herbal, are you taking? (Medications such as antihistamines, narcotic analgesics, benzodiazepines, anticholinergics, tricyclic antidepressants, anticonvulsants, cimetidine, and Parkinson's medications can cause toxicity in the elderly because these patients are more sensitive to the side effects of medications.)
- Any recreational drug use?
- Do you drink alcoholic beverages?
- Do you drink beverages with caffeine?

The student evaluates the patient's ability to perform activities of daily living and assesses falls or risk of falling.

The student evaluates depression in the elderly.