

Brain Health Survey (short)

Background Information

Age: _____ years

Sex: Male / Female

Education: >11 years / 8 to 11 years / <8 years

Family history of early dementia¹ or genetic predisposition²: Yes / No / Don't know

¹Before 65 years of age; ²Positive for the ApoE4 gene or other dementia related genes

Lifestyle Factors

Weight _____ kgs

Height _____ cm

Healthy Diet:

- How many portions **per day** of raw and/or cooked fruits/vegetables you eat?
 - 1 or more / less than 1 or rarely
- How many portions **per week** of fish you eat?
 - 2 or more / less than 2 or rarely

Alcohol:

- How much alcohol do you regularly drink **per week**?
 - Abstain or rarely /
 - Less than 3 large glasses (175 ml) of 14% wine (or 2 pints of high-strength beer) /
 - Between 3-6 large glasses (175 ml) of 14% wine (or 2-5 pints of high-strength beer) /
 - More than 6 large glasses (175 ml) of 14% wine (or 5 pints of high-strength beer)

Smoking: Never / Former (not smoking in the last year) / Currently smoking

Physical activity:

- Do you regularly engage in physical activity (i.e., exercise) and how often **per week**?
 - Recreational walking less than 1 hour per week or not practicing sport or intensive leisure activity
 - Recreational walking 1-2 hours per week or practicing sport or intensive leisure activity weekly - monthly
 - Recreational walking more than 2 hours per week or practicing sport or intensive leisure activity two or more times per week

Cognitive activity:

- **About how much time do you spend reading each day, including online reading?**

☐None to less than 1 hour / ☐1-3 hours / ☐more than 3 hours / ☐Don't Know

- **For the past year/month how often did you:**

	Every day or almost every day	Several times a week	Several times a month	Several times a year or less	Don't know
Read newspapers or magazines? ¹					
Read books? ¹					
Play "brain games"? ^{1,2}					
Write letters or emails?					
Use online social network activities like facebook/ twitter?					

¹including online

²like checkers or other board games, cards, puzzles, word games, mind teasers, or any other similar games (This includes online games)

Sleep:

- Do you have problems initiating sleep, trouble maintaining sleep, or waking up early and not being able to go back to sleep: Yes / No / Don't know
- Do you have sleep-disordered breathing (snoring or sleep apnea): Yes / No / Don't know
- Are you taking any sleeping pills regularly: Yes / No / Don't know

Health Factors

Have you ever been diagnosed with the following conditions or are you taking any related meds?

- Diabetes (elevated blood sugar): Yes / No / Don't know
- Elevated Cholesterol (more than 200 mg/dl or taking cholesterol lowering drugs): Yes / No / Don't know
- Hypertension (elevated blood pressure or taking blood pressure lowering drugs): Yes / No / Don't know
- Depression or taking anti-depressant drugs: Yes / No / Don't know
- Coronary Heart disease: Yes / No / Don't know
- Cardiovascular disease or Stroke: Yes / No / Don't know
- Renal dysfunction (chronic kidney disease): Yes / No / Don't know