**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

* **Fort 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