Central Minnesota DEMENTIA COMMUNITY ACTION NETWORK

More life to live

DEMENTIA RISK ASSESSMENT

The following assessment is designed to provide an initial guide to discover your level of risk for dementia. Please take your time and read each statement carefully. We recommend that you print the questions sheets, answer all the questions, add up the total score and date it. Then, we recommend you share the results with your medical provider. Please be sure to bring the sheets with you if you visit us at our Dementia Resource Center.

INSTRUCTIONS:

Read each question and then circle either yes or no. If you answer yes, then circle the appropriate score number in the yes circle for every question that you answer yes to. If you answer no, then circle the zero in the no circle. When you have finished all the questions, add up the total yes point score.

Yes 1

No 0

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PAST HISTORY

1.	Head trauma from falls, sports, auto accidents, birth injury, stroke, concussions, severe electrical shock, brain surgery, encephalitis, brain tumor, multiple anesthesia's, TBI or other brain injury.	Yes 1	No 0
2.	Family history of dementia of any kind especially before age 65 or among family members, such as parent, sibling, grandparent. 1 relative (1 pt), 2 or more relatives (2pts).	Yes 1-2	No 0
3.	Neurologic disease: Parkinson's disease, MS, movement disorders or tremor, seizure disorder, Huntington's disease, REM sleep disorder, or other.	Yes 1	No 0
4.	Psychiatric illness and treatment: schizophrenia, depression, anxiety, bipolar disorder, cynicism, longstanding neurotic behavior, or other.	Yes 1	No 0
5.	Advanced age. Over 65 (1 pt), over 85 (2 pts.).	Yes 1-2	No 0
6.	Chronic use of benzodiazepines like Valium or Ativan, marijuana, sedatives or narcotic meds over long periods (years).	Yes 1	No 0
7.	History of cardiovascular disease especially atrial fibrillation or reduced cardiac output and especially if undertreated or untreated, hypertension, hyperlipidemia, sick sinus syndrome, heart failure, pacemaker or defibrillator placement (2pts each). Maximum score of 4. Circle correct score if yes.	Yes 2-4	No 0
8.	Open heart surgery with heart/lung bypass machine, multiple cardiac procedures, Cardiac arrest or CPR episodes or Other.	Yes 1	No 0
9.	Multiple general anesthetics especially in childhood, (5 or more or prolonged).	Yes 1	No 0
10.	Loss or reduction of vision, hearing, balance, smell, other sense (1 pt. for each). Maximum score of 2. Circle correct score if yes.	Yes 1-2	No 0
11.	Treatment for malignancy including prostate or breast cancer, chemotherapy, radiation therapy or cancer surgery, Other:_____	Yes 1	No 0
12.	Frequent falls, getting lost, wandering, car accidents, injuries, behavior outbursts.	Yes 1	No 0

SUBTOTAL

METABOLIC/NUTRITIONAL

13.	Hyperlipidemia, vitamin or mineral deficiencies like elevated copper, low zinc or vitamin B12 (Score 1 pt. for each). Maximum score of 3. Circle correct score if yes.	Yes 1-2-3	No 0
14.	Diabetes (2 pts). Prediabetes, hyperglycemia, insulin resistance, hypoglycemia, high carbohydrate diet, elevated insulin blood test (1 pt for any). Circle correct score if yes.	Yes 1-2	No 0
15.	High cortisol levels, Cushing Syndrome or prescribed steroids (like Prednisone) taken for longer periods as medication.	Yes 1	No 0
16.	Minimal vegetables and fruit in diet. Less than 2 or either per day.	Yes 1	No 0
17.	Frequent or regular use of diet soda or other diet drinks.	Yes 1	No 0
18.	Gluten or lectin sensitivity with abdominal cramps, bloating, diarrhea or similar symptoms.	Yes 1	No 0
19.	Frequent or extensive use of stomach acid drugs like Prilosec, Nexium or similar.	Yes 1	No 0
20.	Has your blood test for albumin been consistently lower than normal?	Yes 1	No 0
21.	Have you ever had elevated (above 7) homocysteine levels on a blood test?	Yes 1	No 0
22.	Have you ever taken the drug metformin for more than 1 year. If yes, subtract 1 point of risk.	Yes -1	No 0

SUBTOTAL

BEHAVIORAL

23.	Mild change of or odd behavioral causing impairment that begins in later years and abruptly, including worsening irritability, suspiciousness, Other.	Yes 1	No 0
24.	High level of personal stress especially without treatment, multiple serious setbacks, tragedies, death of loved one, family divorce, estrangement, other	Yes 1	No 0
25.	Experience social isolation or loneliness over an extended time.	Yes 1	No 0
26.	Lack of hobbies, musical expression, creative outlets, or lack of challenging activities out of comfort zone.	Yes 1	No 0
27.	Lack of or loss of spiritual expression, belief, or engagement with faith or social community?	Yes 1	No 0
28.	Chronic insomnia or regularly poor sleep, restless leg (limb) syndrome, sleep apnea, REM sleep disorder, or sleep walking. Maximum score of 1.	Yes 1	No 0
29.	Primary or frequent caregiving of loved one with either dementia or other chronic disease for more than 6 months.	Yes 1	No 0
30.	High daily work or other stress as first responder, medical provider, law enforcement, etc. especially for many years.	Yes 1	No 0
31.	Adverse childhood experiences (ACEs), including death of, abandonment or divorce of parents, witnessing or victim of violence, or any other severe stressor experience?	Yes 1	No 0
32.	Do you regularly have daytime sleepiness?	Yes 1	No 0
33.	If you sleep less than 7 or more than 8.5 hours per night score 1. If you sleep 7-8.5 hours per night score 0.	Yes 1	No 0

SUBTOTAL

TOXIC HYPOXIC

34.	Overuse of illicit drugs, alcohol, polypharmacy and smoking (2 pts. each). Maximum score of 4 for this question. Circle correct score.	Yes 2-4	No 0
35.	History of severe hypoxia episodes like near drowning, carbon monoxide poisoning, cardiac arrest resuscitation, prolonged loss of consciousness.	Yes 1	No 0
36.	COPD especially with hypoxia requiring supplemental oxygen, sleep apnea, pulmonary disease, smoking more than one year, other.	Yes 1	No 0
37.	Long term exposure to mold at home or work.	Yes 1	No 0
38.	Long term exposure to air pollution or other toxins.	Yes 1	No 0
39.	Feeling faint or passing out after standing up.	Yes 1	No 0
40.	Experienced confusion or cognitive dysfunction for hours or days after a general anesthetic surgical procedure.	Yes 1	No 0
41.	Have you ever taken methotrexate for inflammatory conditions like rheumatoid arthritis?	Yes 1	No 0

LIFESTYLE

42.	Lack of advanced education. Highest achieved: 8th grade, 12th grade, college, graduate, (2 pts. if 8th grade or less, 1 pt. if 12th grade or less, 0 pt. if college or graduate work). Circle 1 or 2 if answer is yes.	Yes 1-2	No 0
43.	Sedentary lifestyle without much physical activity. 3 pts if very sedentary, 2 pts if mild exercise, 1 pt if moderate level, 0 if frequent or higher level exercise. Circle correct score if yes.	Yes 1-2-3	No 0

SUBTOTAL

INFLAMMATORY/INFECTION

44.	Inflammatory conditions like arthritis, lupus, ulcerative colitis, other.	Yes 1	No 0
45.	Suspected or confirmed infection with Covid-19 Coronavirus.	Yes 1	No 0
46.	HIV infection, herpes of any kind, parasites, Lyme or other chronic infection.	Yes 1	No 0
47.	Gingivitis, periodontitis, receding gums especially chronic or ongoing.	Yes 1	No 0

SUBTOTAL

Add up the number of points from all the questions and put the total here:

TOTAL:

SEE WHERE YOUR SCORE FALLS IN THE FOLLOWING DESCRIPTIONS:

Score 0-5 =	Minimal Dementia Risk, further evaluation less necessary.
Score 5-10 =	Moderate Dementia Risk, further evaluation recommended for risk management.
Score 10 or higher =	Potentially significant dementia risk, further evaluation recommended for assessment and risk management.

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