**How Well Are You Thinking?**

Please complete this form in ink **without** the assistance of others.

<table>
<thead>
<tr>
<th>Name ____________________________________________________</th>
<th>Date of Birth ______ / ______ / ______</th>
</tr>
</thead>
<tbody>
<tr>
<td>How far did you get in school? _______________________________</td>
<td>I am a Man_____ Woman_____</td>
</tr>
<tr>
<td>I am NZ European______ Māori ________ Pacific Islander_______ Asian_______ Other_______</td>
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<tr>
<td>Have you had any problems with memory or thinking?    Yes______ Only Occasionally_______ No______</td>
<td></td>
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<tr>
<td>Have you had any blood relatives that have had problems with memory or thinking?    Yes______ No______</td>
<td></td>
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<tr>
<td>Do you have balance problems?    Yes______ No______</td>
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<td>If yes, do you know the cause? Yes (specify reason)_________________________ No______</td>
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<tr>
<td>Have you ever had a major stroke? Yes ______ No _____ A minor or mini-stroke? Yes _____ No _____</td>
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<tr>
<td>Do you currently feel sad or depressed? Yes______ Only Occasionally_______ No______</td>
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<tr>
<td>Have you had any change in your personality? Yes (specify changes)_________________________ No______</td>
<td></td>
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<tr>
<td>Do you have more difficulties doing everyday activities due to thinking problems? Yes______ No______</td>
<td></td>
</tr>
</tbody>
</table>

1. **What is today’s date?** (from memory – no cheating!) Month__________ Date_______ Year_________

2. **Name the following pictures** (don’t worry about spelling):

   ![Picture 1]

   ![Picture 2]
Answer these questions:

3. How are a corkscrew and a hammer similar? Write down how they are alike. They both are… what?

________________________________________________________________________________

4. How many 20 cent pieces are in $7.60? ___________________________

5. You are buying $1.90 of groceries. How much change would you receive back from a $5 note?

___________________________________________________________________________________

6. Memory Test (memorize these instructions). Do later only after completing this entire test:

At the bottom of the very last page: Write “I am done” on the blank line provided

7. Copy this picture:

8. Drawing test

- Draw a large face of a clock and place in the numbers
- Position the hands for 10 minutes after 11 o’clock
- On your clock, label “L” for the long hand and “S” for the short hand
9. Write down the names of 12 different fruits or vegetables (don’t worry about spelling):

_________________          _________________          _________________          _________________

_________________          _________________          _________________          _________________

_________________          _________________          _________________          _________________

10. Do the following: Draw a line from one circle to another starting at 1 and alternating numbers and letters in order before ending at F (1 to A to 2 to B and so on).
Review this example (this first one is done for you) then answer question 11 below:
- Beginning with 1 triangle and 1 square
- Move 2 lines (marked with an X)
- To make 2 squares and no triangle
- Each line must be part of a complete square (no extra lines).

11. Solve the following problem:
- Beginning with 2 squares and 2 triangles
- Move 4 lines (mark with an X)
- To make 4 squares and no triangles
- Each line must be part of a complete square (no extra lines).

12. Are you done? ___________________________________
This instrument cannot substitute for medical advice, diagnosis or treatment by a trained medical professional. Diagnosis and treatment of human illness should be based collectively on medical history, including family medical history, and a physical examination along with a doctor’s professional judgment and review of all test results. The material contained in this instrument does not contain standards that are meant to be applied rigidly and followed in virtually all cases. Physicians’ judgment must remain central to the selection of diagnostic tests and therapy options of a specific patient’s medical condition.

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