How Well Are You Thinking?

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

Name___________________________________________________ Date of Birth ______/______/______

How far did you get in school? _________________________________ I am a Man______ Woman______

I am   Asian_________     Black_________     Hispanic_________     White__________    Other_________

Have you had any problems with memory or thinking?    Yes______ Only Occasionally_______ No______

Have you had any blood relatives that have had problems with memory or thinking?  Yes______ No______

Do you have balance problems?      Yes________ No________

    If yes, do you know the cause? Yes (specify reason)_____________________________  No__________

Have you ever had a major stroke? Yes ______ No ______ A minor or mini-stroke? Yes ______ No ______

Do you currently feel sad or depressed?           Yes_________  Only Occasionally_________  No_________

Have you had any change in your personality?  Yes (specify changes)______________________ No______

Do you have more difficulties doing everyday activities due to thinking problems?  Yes_______No_______

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

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

[Images of pictures]
Answer these questions:

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

________________________________________________________________________________

4. How many 20 pence pieces are in £1.40? _________________________

5. You are buying £2.40 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 have finished” on the blank line provided

7. Copy this picture:

   ![Cube Diagram]

8. Drawing test

   - Draw a large face of a clock and place in the numbers
   - Position the hands for 5 minutes before 10 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 things that are found in a kitchen. Do not include food (don’t worry about spelling):

_________________          _________________          _________________          _________________
_________________          _________________          _________________          _________________
_________________          _________________          _________________          _________________

Review this example (this first one is done for you) then go to question 10 below: Draw a line from one circle to another starting at 1 and alternating numbers and letters (1 to A to 2 to B to 3 to C).

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 6 squares
- Cross out 1 line (marked with an X)
- Leaving 5 squares
- Each line must be part of a complete square (no extra lines).

11. Solve the following problem:

- Beginning with 5 squares
- Cross out 3 lines (Mark with an X)
- Leaving 4 squares
- Each line must be part of a complete square (no extra lines).

12. Have you finished? _________________________________
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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