

# 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 NZ European \_\_\_\_\_ Māori \_\_\_\_\_ Pacific Islander \_\_\_\_\_ Asian \_\_\_\_\_ 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 \_\_\_\_\_

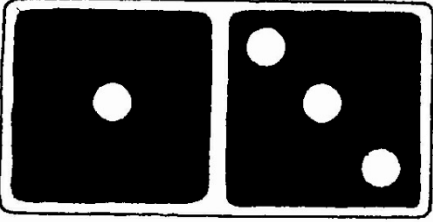
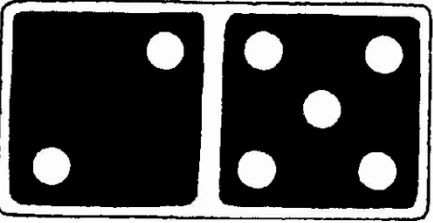
Do you currently feel sad or depressed? Yes \_\_\_\_\_ Only Occasionally \_\_\_\_\_ No \_\_\_\_\_

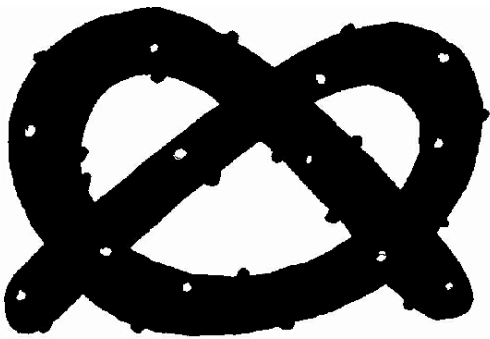
Have you had any change in your personality? Yes (specify changes) \_\_\_\_\_ No \_\_\_\_\_

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):



\_\_\_\_\_

\_\_\_\_\_

**Answer these questions:**

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

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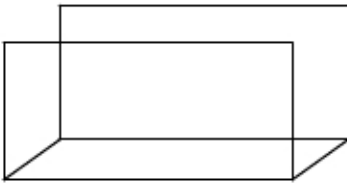
4. How many 20 cent pieces are in \$7.60? \_\_\_\_\_

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

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**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

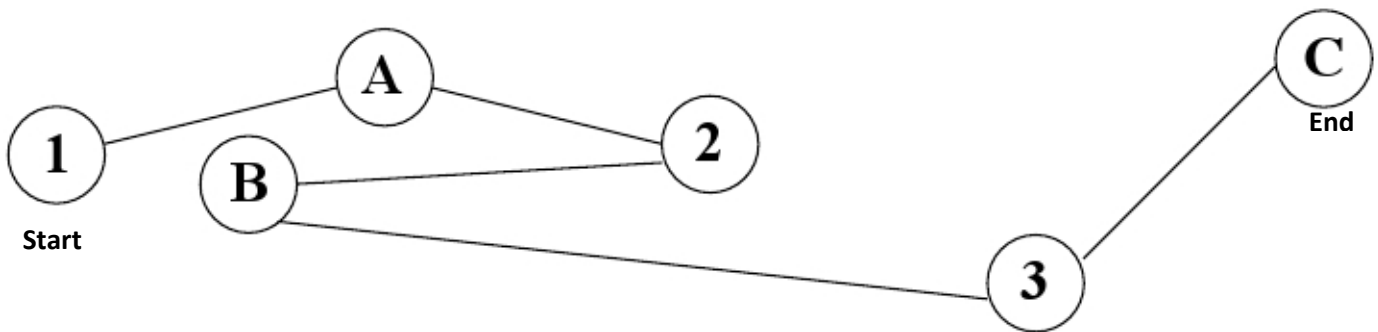
**7. Copy this picture:****8. Drawing test**

- 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

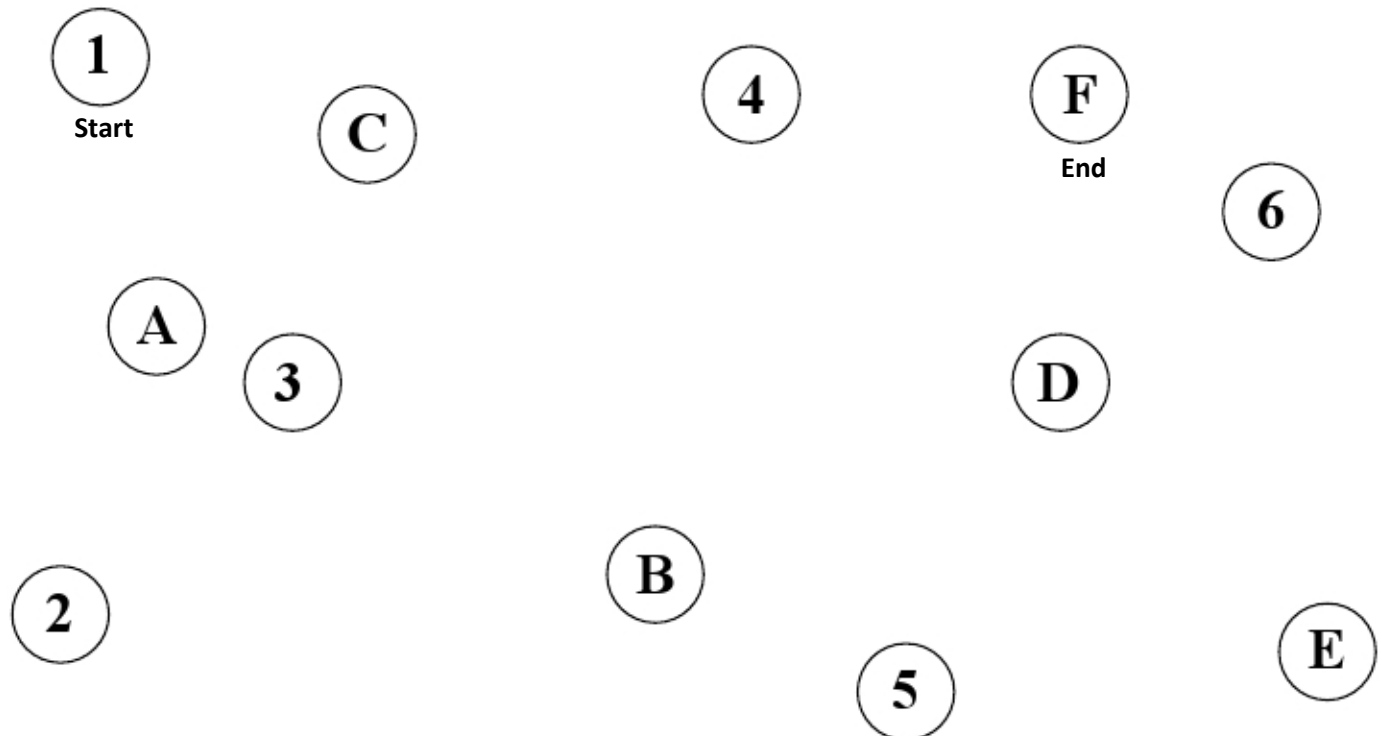
9. Write down the names of 12 different fruits or vegetables (don't worry about spelling):

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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).

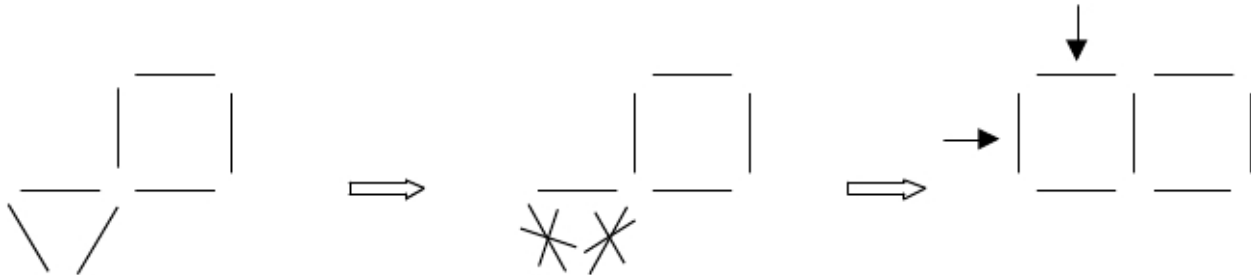


10. Do the following: Draw a line from one circle to another starting at 1 and alternating numbers and letters in order before ending at F (1 to A to 2 to B and so on).



Review this example (this first one is done for you) then answer question 11 below:

- Beginning with 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).



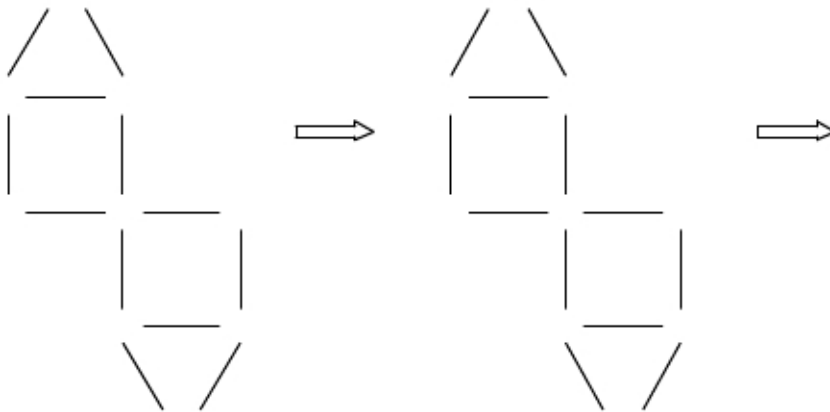
1 triangle, 1 square  
**(Example)**

Move these 2 lines  
**(Example)**

Put them here (at arrows)  
Make 2 squares (answer)  
**(Example)**

**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).



2 squares, 2 triangles

Move 4 lines

**Mark with an X**

**Draw answer here**

**4 squares**

12. Are you done? \_\_\_\_\_

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