

MEMORY & COGNITIVE CHANGES

# Self Assessment



These questions are designed for you to reflect and identify possible concerns related to memory/cognition. Answering these questions can help prompt conversations with your primary care provider or other health services about problems that may be concerning you. You can take this checklist with you to your next appointment as a reminder of what you would like to discuss.

**Tick all that apply:**

- I feel my memory and/or cognition is getting worse

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- My memory and/or cognition impacts my ability to do activities I usually enjoy

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- My memory and/or cognition impacts my ability to do everyday tasks e.g. making a meal

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- My family/friends have concerns about my safety due to my memory and/or cognition

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