

Cognition Health Score

Please answer the following questions honestly. This questionnaire is designed to inform whether you should work on cognitive-based strategies and is not designed to diagnose or treat any condition or disease. Perfect scores are unrealistic for most.

Question	Yes or No	Score
Do you recreationally or regularly use alcohol, marijuana or other substances?	Yes = 0 No = 1	
Do you currently take medications for sleep, a medical condition, for pain, or for managing your mental health?	Yes = 0 No = 1	
Are you knowingly deficient in any vitamin, nutrient or mineral deficiencies, such as Vitamin B or D?	Yes = 0 No = 1	
Do you perform at least 150 minutes of moderate to vigorous physical activity per week?	Yes = 1 No = 0	
Do you perform resistance or strength training at least 2-3 times per week?	Yes = 1 No = 0	
Do you regularly perform any mind-body activities, such as yoga, tai chi, Qigong, Pilates, mindful movement, or breathing with mobility?	Yes = 1 No = 0	
Do you regularly perform any neuromotor activities, such as any sports, dance or martial arts?	Yes = 1 No = 0	
Do you find you often forget people's names or fail to listen to people's names when you are meeting them?	Yes = 0 No = 1	
Do you often fail to hear people speaking to you when you are doing something else?	Yes = 0 No = 1	
Do you often lose your temper and regret it?	Yes = 0 No = 1	

Name:

Date:



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Question	Yes or No	Score
Do you find you accidentally throw away the thing you want and keep what you meant to throw away?	Yes = 0 No = 1	
Do you often daydream when you ought to be listening to something?	Yes = 0 No = 1	
Do you often have trouble making up your mind?	Yes = 0 No = 1	
Do you often forget where you put something?	Yes = 0 No = 1	
Do you often drop things or bump into things?	Yes = 0 No = 1	
Do you often find you forget what you came to the shops to buy?	Yes = 0 No = 1	
Do you start doing one thing at home and get distracted into doing something else (unintentionally)?	Yes = 0 No = 1	
Do you find you can't quite remember something although it's "on the tip of your tongue"?	Yes = 0 No = 1	
Do you often confuse right and left when performing a task or giving instruction?	Yes = 0 No = 1	
Do you often read something and find you haven't been thinking about it and must read it again?	Yes = 0 No = 1	

Total Score:

Score Ranges:

18-20: Continue monitoring subjective symptoms, health and lifestyle factors related to brain health and defer to the medical team when necessary

14-17: Focus on exercise programming and health coaching on brain health-related outcomes and goals. Refer to medical professionals as appropriate for guidance and screening.

13 or Lower: Refer to medical professionals as appropriate for guidance, screening, and/or diagnosis. Work closely with the care team in implementing health & lifestyle-related modifications & modifying exercise programming accordingly.

