

Behavioral Risk Factor Surveillance System Optional Impact of Cognitive Impairment Module

Introduction: The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met. This refers to things like confusion or memory loss that are happening more often or getting worse. We want to know how these difficulties impact you or someone in your household.

1. During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse? *

(1) Yes	(2) No
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2. How many adults 18 years or older in your household experienced confusion or memory loss that is happening more often or is getting worse during the past 12 months?

3. Of these people, please select the person who had the most recent birthday. How old is this person?

4. During the past 12 months, how often have you/ has this person given up household activities or chores you/ they used to do, because of confusion or memory loss that is happening more often or is getting worse?

(1) Always	(4) Rarely
(2) Usually	(5) Never
(3) Sometimes	

5. As a result of your/ this person's confusion or memory loss, in which of the following four areas do you/ does this person need the most assistance?

(1) Safety	(5) Needs assistance, but not in those areas
(2) Transportation	(6) Doesn't need assistance in any area
(3) Household activities	
(4) Personal care	

6. During the past 12 months, how often has confusion or memory loss interfered with your/this person's ability to work, volunteer, or engage in social activities?

(1) Always	(3) Sometimes
(2) Usually	(4) Rarely

(5) Never

7. During the past 30 days, how often has a family member or friend provided any care or assistance for you/this person because of confusion or memory loss?

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| (1) Always | (4) Rarely |
| (2) Usually | (5) Never |
| (3) Sometimes | |

8. Has anyone discussed with a health care professional, increases in your/ this person's confusion or memory loss?

- (1) Yes
- (2) No [End of module]

9. Have you/ Has this person received treatment such as therapy or medications for confusion or memory loss?

- (1) Yes
- (2) No

10. Has a health care professional ever said that you have/ this person has Alzheimer's disease or some other form of dementia?

- (1) Yes, Alzheimer's Disease
- (2) Yes, some other form of dementia but not Alzheimer's disease
- (3) No diagnosis has been given

*Note: This module is designed to ask questions #4-10 of the individual who answers the phone or a member of their household. The individual is asked the questions if he/she answers "yes" to question #1. If the individual answers "no" to question #1 then questions #4-10 are asked of a member of the household who is experiencing confusion or memory loss.