

Health Risk Assessment (HRA) for Cognitive Function

Patient Name _____

Date: _____

Question	Yes	No
During the past 12 months , have you experienced confusion or memory loss that is happening more often or is getting worse?		
During the past 7 days , did you need help from others to perform everyday activities such as:		
Eating		
Dressing		
Grooming		
Bathing		
Walking		
Toileting		
During the past 7 days did you need help from others to take care of such things as:		
Laundry		
Housekeeping		
Shopping		
Banking		
Telephone		
Food preparation		
Transportation		
Taking your own medications		

Source: C.B. Cordell et al/ Alzheimer's & Dementia 9 (2013) 141-150.