

CogDrisk Short Form: A Risk Assessment Questionnaire on Cognitive Health and Dementia Risk Reduction ©



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k.anstey@unsw.edu.au.

Personal Information

In this section, we will ask you for some general information about yourself.

- 1) * What is your **age**? _____ (years)
- 2) * What is your **gender**?
 - ☐ Male
 - ☐ Female
 - ☐ Non-Binary
 - ☐ Other identity
 - ☐ Prefer not to say
- 3) * What was the **highest qualification** that you completed?
 - ☐ Partially completed primary/elementary school (or equivalent)
 - ☐ Completed primary/elementary school (or equivalent)
 - ☐ School certificate (Year 10) (or equivalent)
 - ☐ Higher school certificate (Year 12) (or equivalent)
 - ☐ Trade certificate/apprenticeship
 - ☐ Technician's certificate/advanced certificate
 - ☐ Certificate other than above
 - ☐ Associate diploma
 - ☐ Undergraduate diploma
 - ☐ Bachelor's degree
 - ☐ Post graduate diploma/certificate
 - ☐ Higher degree
- 4) * Enter your **height** in either cm or feet/inches
_____ cm or _____ feet _____ inches
- 5) * Enter your **weight** in kgs or stones/pounds
_____ kgs or _____ stones _____ pounds

Your Health

The next few questions will be related to your health.

- 6) * In the past 2 years, have you ever been told by a doctor or other health professional that you have **high cholesterol** levels, or your cholesterol level is higher than 6.5mmol/L (117mg/dL)?
 - ☐ Yes
 - ☐ No
 - ☐ Don't know
- 7) * Have you ever been told by a doctor or other health professional that you have one of the following (select all that apply)
 - ☐ Diabetes
 - ☐ High blood pressure
 - ☐ Stroke or TIA (transient ischaemic attack)
 - ☐ Atrial fibrillation (irregular heartbeat)
 - ☐ None of the above

- 8) Have you ever had a **head injury** or blow to the head that caused you to be dazed, confused, disoriented, or be knocked out?
- ☐ Yes, I lost consciousness (knocked out) (Please go to Question 9)
- ☐ Yes, I was dazed, confused, or disoriented but did not lose consciousness.
- ☐ No
- ☐ Don't know
- 9) For how long were you unconscious because of your head injury?
- ☐ Less than 30mins
- ☐ Between 30mins to 24 hours
- ☐ More than 24 hours
- 10) Have you been told by a doctor or health professional that you have **hearing problem**?
- ☐ Yes, I was prescribed hearing aids/implant and wear them
- ☐ Yes, I was prescribed hearing aids but do not wear them
- ☐ No, (Please go to Question 11)
- ☐ Don't know (Please go to Question 11)
- 11) Do you feel that your hearing is adequate for all purposes?
- ☐ Yes
- ☐ Cannot hear speech in groups.
- ☐ Words are missed in conversation.
- ☐ Hearing is a serious problem for me

Sleep Questions

The next group of questions ask about your sleep habits and any problems you may have with sleep.
For each question, please select the option that best describes your answer.

Please rate the **current (i.e., last 2 weeks) severity** of your insomnia problem(s).

Insomnia Problem	None	Mild	Moderate	Severe	Very Severe
12) Difficulty falling asleep	0	1	2	3	4
13) Difficulty staying asleep	0	1	2	3	4
14) Problems waking up too early	0	1	2	3	4

	Not at all	A little	Somewhat	Much	Very much
15) How dissatisfied are you with your CURRENT sleep pattern?	0	1	2	3	4
16) How worried/distressed are you with your CURRENT sleep pattern?	0	1	2	3	4
17) How noticeable to others do you think any sleep problems you may have are in terms of impairing the quality of your life?	0	1	2	3	4
18) To what extent do any sleep problems you may have INTERFERE with your daily functioning (e.g., daytime fatigue, mood, ability to function at work/daily chores, concentration, memory etc.) currently ?	0	1	2	3	4

Feelings

The next section asks you about your **feelings**. For each of the following statements, please say if you felt that way **during the past week**.

Options are:

- 0** Rarely or none of the time (less than 1 day)
- 1** Some or a little of the time (1-2 days)
- 2** Occasionally or a moderate amount of time (3-4 days)
- 3** Most or all of the time (5-7 days)

Q. No.		Less than one day	1-2 days	3-4 days	5-7 days
19)	I was bothered by things that usually don't bother me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20)	I had trouble keeping my mind on what I was doing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21)	I felt depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22)	I felt that everything I did was an effort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23)	I felt hopeful about the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24)	I felt fearful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25)	My sleep was restless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26)	I was happy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27)	I felt lonely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28)	I could not "get going"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Daily Physical Activities

These following questions will ask you about the time you spent being physically active in the **last 7 days**. Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do at work, as a part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport.

Think about all the **vigorous activities** that you did in the **last 7 days**. **Vigorous** physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Think *only* about those activities that you did for at least 10 minutes at a time.

29) * During the **last 7 days**, on how many days did you do **vigorous** physical activities like heavy lifting, digging, aerobics, or fast bicycling?

_____ **days per week**
0 **None**

If no vigorous activities, skip to Q31.

30) How much time did you usually spend doing **vigorous** physical activities on one of those days?

_____ **hours per day**
_____ **minutes per day**
☐ Don't know/Not sure

Think about all the **moderate** activities that you did in the **last 7 days**. Moderate activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

31) * During the **last 7 days**, on how many days did you do **moderate** physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking.

_____ **days per week**
0 **None**

If no moderate physical activities, skip to Q33.

32) How much time did you usually spend doing moderate physical activities on one of those days?

_____ **hours per day**
_____ **minutes per day**
☐ Don't know/Not sure

Think about the time you spent **walking** in the **last 7 days**. This includes at work and at home, walking to travel from place to place, and any other walking that you have done solely for recreation, sport, exercise, or leisure.

33) * During the **last 7 days**, on how many days did you walk for at least 10 minutes at a time?

_____ **days per week**
0 **None**

If no walking, skip to Q35.

34) How much time did you usually spend walking on one of those days?

_____ **hours per day**

_____ **minutes per day**

☐ Don't know/Not sure

Activities you perform during your leisure time and work time (if currently employed).

The next section will ask you questions about activities during leisure time and work time (if currently employed).

During the **past year**, how often did you perform activities in your leisure time and work time (if currently employed)? Please include online activities.

Questions	Once a year or less	Several times a year	Several times a month	Several times a week	Every day or almost everyday	Don't know
35) Read newspapers, including online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36) Read magazines, including online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37) Read books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38) Play games like checkers or other board games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39) Participate in "brain training" activities including online and computer activities such as Sudoku	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40) Write letters/emails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41) Using online social network activities like Facebook/Twitter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42) Engage in intellectually stimulating activities like problem solving, balancing budgets, etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43) Visit a museum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44) Attend a concert/play/musical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45) Visit a library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

46) * Apart from the above questions, did you participate in other intellectual and cognitively stimulating activities?

Please comment:

47) If yes, how often did you participate in the above activities?

- ☐ Every day or almost everyday
- ☐ Several times a week
- ☐ Several times a month
- ☐ Several times a year
- ☐ Once a year or less
- ☐ Don't know

Companionship

The following questions will ask you about companionship and your feelings.

48) How often do you feel:

	Hardly ever	Some of the time	Often
a. lack companionship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. left out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. isolated from others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Food and habits

In this section, we will ask you questions regarding your diet and habits.

49) * How often do you eat a **serving of** fish or seafood that is not deep-fried?

For example, 100g fish fillet or one small can of fish is one serve

- ☐ Rarely
- ☐ 1-3 times per month
- ☐ Once a week
- ☐ 2-3 times per week
- ☐ 4 or more times per week

50) * Do you, or have you ever, smoked cigarettes, cigars, pipes or any other tobacco products?

- ☐ Yes, currently
- ☐ Yes, not currently
- ☐ Never

Environmental exposures

The last question is on your exposure to pesticides

51) * Have you ever been involved with mixing, applying or loading any pesticide, herbicide, weed killers, fumigants or fungicides?

- ☐ Yes
- ☐ No
- ☐ Don't know