

# CogDrisk v1.7: A Risk Assessment Questionnaire Cognitive Health and Dementia Risk Reduction ©



**UNSW**  
SYDNEY

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## 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 date of birth? \_\_\_\_\_ (dd/mm/yyyy).
- 3) What is your **sex** recorded at birth (i.e., the sex on your original birth certificate)?
  - ☐ Male
  - ☐ Female
  - ☐ Something else
  - ☐ Prefer not to say
- 4) How do you describe your **gender**?
  - ☐ Man/male
  - ☐ Woman/female
  - ☐ Non-Binary
  - ☐ I use a different term
  - ☐ Prefer not to say
- 5) In which **country** do you **live now**? \_\_\_\_\_  
[drop down all countries of the world]
- 6) In which **country** were **you born**? \_\_\_\_\_  
[drop down all countries of the world]  
If not Australia (Please go to Q8)  
If Australia:
- 7) Are you of **Australian Aboriginal or Torres Strait Islander origin**?
  - ☐ No,
  - ☐ Yes, Aboriginal
  - ☐ Yes, Torres Strait Islander
  - ☐ Both Aboriginal and Torres Strait Islander
- 8) What is the main language that you speak at home? (Mark one box only. If more than one language other than English, write the one that is spoken most often)
  - ☐ English
  - ☐ Mandarin
  - ☐ Spanish
  - ☐ Portuguese
  - ☐ Hindi
  - ☐ Bengali
  - ☐ Arabic
  - ☐ German
  - ☐ French
  - ☐ Italian
  - ☐ Cantonese
  - ☐ Greek
  - ☐ Vietnamese
  - ☐ other- please specify \_\_\_\_\_

9) What ethnic groups do you belong to/identify with?

- ☐ Australian
- ☐ New Zealand
- ☐ Melanesian and Papuan
- ☐ Micronesian
- ☐ Polynesian
- ☐ British
- ☐ Irish
- ☐ Western European
- ☐ Northern European
- ☐ Southern European
- ☐ South-Eastern European
- ☐ Eastern European
- ☐ Arab
- ☐ Jewish
- ☐ Peoples of the Sudan
- ☐ Other North African and Middle Eastern
- ☐ Mainland South-East Asian
- ☐ Maritime South-East Asian
- ☐ Chinese Asian
- ☐ Other North-East Asian
- ☐ Southern Asian
- ☐ Central Asian
- ☐ North American
- ☐ South American
- ☐ Central American
- ☐ Central and West African
- ☐ Southern and East African
- ☐ other- please specify \_\_\_\_\_

10) 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

11) Are you **currently in a relationship** with someone?

- ☐ Yes, living with the person you are married to
- ☐ Yes, living with a partner (but not married to them)
- ☐ Yes, in a relationship with someone but not living with them

- ☐ No, not in a relationship with anyone
- ☐ Married or have a partner but NOT living together as one is in a hostel/nursing home/hospital

12) Enter your **height** in either cm or feet/inches  
\_\_\_\_\_cm or \_\_\_\_\_feet \_\_\_\_\_inches

13) Enter your **weight** in kgs or stones/pounds  
\_\_\_\_\_kgs or \_\_\_\_\_stones \_\_\_\_\_pounds

## Your Health

*The next few questions will be related to your health.*

14) What is your **total cholesterol** level? (in last two years)  
\_\_\_\_\_mmol/l  
☐ Don't know

15) Have you been told by a doctor or a health professional that you have **high cholesterol levels** in the past 2 years, or your cholesterol level is higher than 6.5mmol/l?  
☐ Yes  
☐ No  
☐ Don't know

16) Have you ever been told by a doctor or other health professional that you have **diabetes**?  
☐ Yes  
☐ No  
☐ Don't know

17) 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 18)  
☐ Yes, I was dazed, confused, or disoriented but did not lose consciousness. (Go to Q19)  
☐ No (Go to Q19)  
☐ Don't know. (Go to Q19)

18) For how long were you unconscious because of your head injury?  
☐ Less than 30mins  
☐ Between 30mins to 24 hours  
☐ More than 24 hours

19) Has your doctor ever told you that you had **high blood pressure**?  
☐ Yes (Please go to Question 20)  
☐ No (Please go to Question 22)  
☐ Don't know (Please go to Question 22)

20) Could you please specify at what **age were you first told** that you had high blood pressure, or you were **first treated** for it?  
\_\_\_\_\_years  
☐ Don't know

21) Are you taking **any medications** for controlling your **high blood pressure**?

- ☐ Yes  
☐ No  
☐ Don't know

22) Have you **ever** been told by a doctor that you had a stroke or TIA (transient ischemic attack)?

- ☐ Yes  
☐ No  
☐ Don't know

23) Have you **ever** been told by your doctor that you have a heart condition like **atrial fibrillation/arrhythmias** (irregular heartbeats) with/without stroke?

- ☐ Yes  
☐ No  
☐ Don't know

24) Have you been told by a doctor or health professional that you have **hearing problems**?

- ☐ Yes, I was prescribed hearing aids/implant and wear them. (Go to Q26)  
☐ Yes, I was prescribed hearing aids but do not wear them. (Go to Q26)  
☐ No (Please go to Question 25)  
☐ Don't know (Please go to Question 25)

25) 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
26) Difficulty falling asleep	0	1	2	3	4
27) Difficulty staying asleep	0	1	2	3	4
28) Problems waking up too early	0	1	2	3	4

29) How SATISFIED/DISSATISFIED are you with your CURRENT sleep pattern?

- ☐ Very satisfied  
☐ Satisfied

- ☐ Moderately Satisfied
- ☐ Dissatisfied
- ☐ Very Dissatisfied

30) How NOTICEABLE to others do you think your sleep problem is in terms of impairing the quality of your life?

- ☐ Not at all Noticeable
- ☐ A Little
- ☐ Somewhat
- ☐ Much
- ☐ Very Much Noticeable

31) How WORRIED/DISTRESSED are you about your current sleep problem?

- ☐ Not at all Worried
- ☐ A Little
- ☐ Somewhat
- ☐ Much
- ☐ Very Much Worried

32) To what extent do you consider your sleep problem to INTERFERE with your daily functioning (e.g. daytime fatigue, mood, ability to function at work/daily chores, concentration, memory, mood, etc.) CURRENTLY?

- ☐ Not at all Interfering
- ☐ A Little
- ☐ Somewhat
- ☐ Much
- ☐ Very Much Interfering

## 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
33)	I was bothered by things that usually don't bother me. [cesd1]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34)	I had trouble keeping my mind on what I was doing. [cesd5]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35)	I felt depressed. [cesd6]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36)	I felt that everything I did was an effort. [cesd7]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37)	I felt hopeful about the future. [cesd8]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38)	I felt fearful. [cesd10]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39)	My sleep was restless. [cesd11]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40)	I was happy. [cesd12]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41)	I felt lonely. [cesd14]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42)	I could not "get going" [cesd20]	<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.

43) 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 Q 45.

44) 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.

45) 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 Q47.

46) 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.

47) 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 Q49.



48) 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 and work time

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

49) About how much time do you spend reading **each day**, including online reading?

- ☐ None
- ☐ Less than one hour
- ☐ One to less than 2 hours
- ☐ Two to less than 3 hours
- ☐ Three or more hours
- ☐ Don't know

50) Thinking of the **last year**, how often do you read newspapers, including online?

- ☐ 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

51) During the **past year**, how often did you read magazines, including online?

- ☐ 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

52) During the **past year**, how often did you read books (this includes online such as eBooks or audiobooks)?

- ☐ 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

53) During the **past year**, how often did you play games like checkers or other board games, cards, puzzles, word games, mind teasers, or any other similar games? (This includes online games)

- ☐ 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

54) During the **past year**, how often did you participate in ‘brain training’ activities? This includes online and computer activities to improve memory and thinking such as Sudoku, and crosswords.

- ☐ 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

55) During the **past year**, how often did you write letters or emails?

- ☐ 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

56) During the **past year**, how often did you use online social network activities like Facebook/X (previously known as Twitter)?

- ☐ 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

57) During the **past year**, how often in your paid or unpaid job/work did you participate in intellectually stimulating activities like problem solving, balancing budgets/accounts, any quantitative/ numerical activities, computer coding, or formulating correspondence?

- ☐ 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

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

***Please comment:***

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59) 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

60) In the **past year**, how many times did you visit a museum?

- ☐ 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

61) In the **past year**, how many times did you attend a concert, play, or musical?

- ☐ 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

62) In the **past year**, how often did you visit a library?

- ☐ 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.*

63) Do you live alone or with other people?

- ☐ Live alone or with spouse only
- ☐ Live with extended family (children and grandchildren)

64) How often do you feel that you lack companionship?

- ☐ Hardly ever
- ☐ Some of the time
- ☐ Often

65) How often do you feel left out?

- ☐ Hardly ever
- ☐ Some of the time
- ☐ Often

66) How often do you feel isolated from others?

- ☐ Hardly ever
- ☐ Some of the time
- ☐ Often

## Food and habits

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

67) How many serves of vegetables do you usually eat each day?

A standard serve is approximately half a cup of cooked vegetables, or 1 cup green leafy vegetables or raw salad.

- ☐ 1 serve or less
- ☐ 2 serves
- ☐ 3 serves
- ☐ 4 serves
- ☐ 5 serves
- ☐ 6 serves or more
- ☐ Don't eat vegetables

68) How often do you eat salad? (Salad includes mixed green salad and other mixtures of raw vegetables) (Answer one choice only)

A standard serve of salad is 1 cup.

- .....per day
- .....per week (if less than daily)
- .....per month (if less than weekly)
- .....rarely or never (enter 1 in the box)

69) How often do you eat green leafy vegetables (spinach, lettuce, kale)?

- ☐ Less than 2 servings per week
- ☐ 2-5 servings per week
- ☐ 6 or more servings per week

70) How often do you eat other vegetables (pumpkin, okra, mushroom, eggplant)?

A standard serve is ½ a cup

- ☐ Less than 5 servings per week
- ☐ 5-6 servings per week
- ☐ 7 or more servings per week

71) Not counting potatoes and salad, how often do you eat cooked vegetables? (Answer one choice only)

- .....per day
- .....per week (if less than daily)
- .....per month (if less than weekly)
- .....rarely or never (enter 1 in the box)

72) How often do you eat potatoes? (Answer one choice only)

A standard serve is ½ a medium potato or other starchy vegetable (sweet potato, taro or cassava)

- .....per day
- .....per week (if less than daily)
- .....per month (if less than weekly)
- .....rarely or never (enter 1 in the box)

73) How often do you eat nuts?

A standard serve is 30g (approx. 20 almonds, 10 Brazil nuts or 15 cashews)

- ☐ Less than 1 serving per month

- ☐ Less than 5 serving per week
- ☐ More than 5 servings per week
- ☐ I am allergic

74) How many serves of fruits do you usually eat each day?

A standard serve is approximately 1 medium apple, pear, banana or orange, or 1 cup diced or canned fruit, or 2 small pieces of fruit such as 2 kiwis or 2 peaches.

- ☐ 1 serve or less
- ☐ 2 serves
- ☐ 3 serves
- ☐ 4 serves
- ☐ 5 serves
- ☐ 6 serves or more
- ☐ Don't eat fruits

75) How often do you eat berries (e.g. blueberries, strawberries)?

1 serve is 150g or approx. 1cup.

- ☐ Less than 1 serving per week
- ☐ Less than 2 serving per week
- ☐ More than 2 servings per week

76) How often do you drink fruit juices such as orange, grapefruit or tomato? (Answer one choice only)

- .....per day
- .....per week (if less than daily)
- .....per month (if less than weekly)
- .....rarely or never (enter 1 in the box)

77) How often do you eat chips, French fries, wedges, fried potatoes or crisps? (Answer one choice only)

- .....per day
- .....per week (if less than daily)
- .....per month (if less than weekly)
- .....rarely or never (enter 1 in the box)

78) How often do you eat fast fried foods?

- ☐ Less than once per week
- ☐ 1 to 3 meals per week
- ☐ 4 or more meals per week

79) What is the primary cooking oil that you use?

- ☐ Olive oil
- ☐ Vegetable oil
- ☐ Coconut oil
- ☐ Other

80) How much butter or margarine do you use?

- ☐ Less than 1 tablespoon per day
- ☐ 1 to 2 tablespoon per day
- ☐ More than 2 tablespoons per day

81) How many servings of cheese you eat per week?

For example, 2 slices of hard cheese or ½ cup of ricotta cheese is one serve

- ☐ Less than 1 serving per week
- ☐ 1 to 6 servings per week
- ☐ 7 or more servings per week

82) How many servings of whole grains (e.g. brown rice, multigrain bread, whole grain pasta, oats, barley, quinoa etc.) do you eat per week?

For example, 1 slice of bread, approx. ½ cup of cooked rice/quinoa or pasta is one serve

- ☐ Less than 1 serving per day
- ☐ 1 to 2 servings per day
- ☐ 3 or more servings per day

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

For example, a 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

84) How often do you eat beans?

- ☐ Less than 1 meal per week
- ☐ 1 to 3 meals per week
- ☐ More than 3 meals per week

85) How often do you eat poultry (not deep fried)?

- ☐ Never
- ☐ Less than 1 meal per week
- ☐ Less than 2 meals per week
- ☐ More than 2 meals per week

86) How often do you eat red meat and meat products?

- ☐ Never
- ☐ Less than 4 meals per week
- ☐ 4 to 6 meals per week
- ☐ More than 6 meals per week

87) How many servings of pastries or sweets do you eat per week?

- ☐ Less than 5 servings per week
- ☐ 5 to 6 servings per week
- ☐ 7 or more servings per week

88) How many glasses of wine (red or white) do you drink?

- ☐ I never drink wine
- ☐ Less than 1 glass per day
- ☐ One glass per day
- ☐ More than one glass per day

89) How much coffee do you drink each day?

- ☐ I never drink coffee
- ☐ < 1 cup
- ☐ 1 cup
- ☐ 2 cups
- ☐ 3 cups
- ☐ 4 cups
- ☐ More than 4 cups per day

90) How many caffeinated tea (e.g., black tea, green tea) do you drink each day?

- ☐ I never drink tea
- ☐ < 1 cup
- ☐ 1 cup
- ☐ 2 cups
- ☐ 3 cups
- ☐ 4 cups
- ☐ More than 4 cups per day

*The next questions are about your alcohol consumption and smoking habits.*

**Example of a standard drink according to Australian standard drinks guide. For more information please refer to:**

<https://www.health.gov.au/health-topics/alcohol/about-alcohol/standard-drinks-guide>



91) How often do you have a drink containing alcohol?

- ☐ Never
- ☐ Monthly or less
- ☐ 2-4 times a month
- ☐ 2-3 times a week
- ☐ 4 or more times a week



92) How many standard drinks do you have on a typical day when you are drinking?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10
- ☐ 11
- ☐ 12
- ☐ 13
- ☐ 14
- ☐ 15
- ☐ 16
- ☐ 17
- ☐ 18
- ☐ 19
- ☐ 20
- ☐ More than 20

93) 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*

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

- ☐ Yes
- ☐ No
- ☐ Don't know