

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



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 **gender**?
 - Male
 - Female
 - Non-Binary
 - Other identity
 - Prefer not to say
- 4) In which **country** were you born?
 - Australia
 - England
 - China
 - New Zealand
 - India
 - Italy
 - Vietnam
 - Philippines
 - Other- please specify _____
- 5) Are you of **Aboriginal or Torres Strait Islander origin**?
 - No,
 - Yes, Aboriginal
 - Yes, Torres Strait Islander
 - Both Aboriginal and Torres Strait Islander
- 6) Do you speak a **language** other than English at home? (Mark one box only. If more than one language other than English, write the one that is spoken most often)?
 - No, English only
 - Yes, Mandarin
 - Yes, Italian
 - Yes, Arabic
 - Yes, Cantonese
 - Yes, Greek
 - Yes, Vietnamese
 - Yes, other- please specify _____
- 7) How many **languages** are you fluent in?
_____ (please specify the number)
- 8) What was the **highest qualification** that you completed?
 - School certificate (or equivalent)
 - Higher school certificate (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

- 9) 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

- 10) Enter your **height** in either cm or feet/inches
_____cm or _____feet _____inches

- 11) Enter your **weight** in kgs or stones/pounds
_____kgs or _____stones _____pounds

Your Health

The next few questions will be related to your health.

- 12) What is your **total cholesterol** level? (in last two years)
_____mmol/l
 Don't know
- 13) 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
- 14) Have you ever been told by a doctor or other health professional that you have **diabetes**?
 Yes
 No
 Don't know
- 15) Have you ever had a **head injury**?
 Yes
 No
 Don't know
- 16) Has your doctor ever told you that you had **high blood pressure**?
 Yes
 No (Please go to Question 19)
 Don't know (Please go to Question 19)

17) 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

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

Yes

No

Don't know

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

Yes

No

Unknown

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

Atrial fibrillation with stroke

Atrial fibrillation without stroke

No atrial fibrillation

Don't know

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
21) Difficulty falling asleep	0	1	2	3	4
22) Difficulty staying asleep	0	1	2	3	4
23) Problems waking up too early	0	1	2	3	4

24) How SATISFIED/DISATISFIED are you with your CURRENT sleep pattern?

Very satisfied

Satisfied

Moderately Satisfied

- Dissatisfied
- Very Dissatisfied

25) 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

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

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

27) 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
28)	I was bothered by things that usually don't bother me. [cesd1]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29)	I had trouble keeping my mind on what I was doing. [cesd5]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30)	I felt depressed. [cesd6]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31)	I felt that everything I did was an effort. [cesd7]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32)	I felt hopeful about the future. [cesd8]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33)	I felt fearful. [cesd10]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34)	My sleep was restless. [cesd11]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35)	I was happy. [cesd12]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36)	I felt lonely. [cesd14]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37)	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.

38) 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 41.

39) 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.

40) 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 Q43.

41) 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.

42) 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 Q45.

43) 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

The next section will ask you questions about activities during leisure time.

44) 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

45) 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

46) 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

47) During the **past year**, how often did you read books?

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

48) 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

49) 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

50) 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

51) During the **past year**, how often did you use online social network activities like Facebook/ 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

52) 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

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

Please comment:

54) 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

55) 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

56) 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

57) 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.

58) Do you live alone or with other people?

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

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

- Hardly ever
- Some of the time
- Often

60) How often do you feel left out?

- Hardly ever
- Some of the time
- Often

61) 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.

62) 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
- 2-3 serves
- 4-5 serves
- 6 serves or more
- Don't eat vegetables

63) 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.

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

64) 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)

65) 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)

66) How often do you eat potatoes? (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)

67) How often do you eat salad? (Salad includes mixed green salad and other mixtures of raw 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)

68) 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

69) How often do you eat other vegetables?

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

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

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

71) How often do you eat nuts?

- Less than 1 serving per month
- Less than 5 serving per week
- More than 5 servings per week

72) Is olive oil the primary cooking oil that you use?

- Yes
- No

73) 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

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

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

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

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

76) How often do you eat fish or seafood that is not deep-fried?

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

77) How often do you eat beans?

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

78) How often do you eat poultry (not fried)?

- Less than 1 meal per week
- Less than 2 meals per week
- More than 2 meals per week

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

- Less than 4 meals per week
- 4 to 6 meals per week
- More than 6 meals per week

80) 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

81) 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

82) 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

83) 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)

84) How much coffee do you drink each day?

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

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

- I never drink tea (1)
- < 1 cup (2)
- 1 cup (3)
- 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>



86) 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

87) 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

88) 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

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

- Yes
- No
- Don't know