

Amyloid PET Registry Pre-PET Patient Questionnaire

TO BE COMPLETED DURING MEMORY CLINIC APPOINTMENT

(MAY BE ADMINISTERED BY MEMORY CLINIC STAFF, OR COMPLETED BY PATIENT/CAREGIVER DIRECTLY)

The following is part of the Ontario PET Registry. Completion of both pre- and post-PET scan forms will provide vital data to build evidence for the use of Amyloid PET for dementia. Please accurately complete both the pre- and post-PET scan forms.

Patient Name	_____	_____
	SURNAME	FIRST NAME
OHIP Number	_____ - _____ - _____	_____ VC

Complete sections A, B, & C

Section A – Demographics

Who do you live with? (select all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Spouse or Partner | <input type="checkbox"/> Friends or Roommates | <input type="checkbox"/> Alone |
| <input type="checkbox"/> Child(ren) | <input type="checkbox"/> Paid caregiver or attendant | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Other family | <input type="checkbox"/> Assisted Living/Long-term Care | <input type="checkbox"/> Prefer not to answer |

What is your current level of education?

- Grade School (grade 1-8)
- Some high school, but did not graduate
- High school or high school equivalency certificate (grade 9-12)
- Completed Registered Apprenticeship or other trades certificate or diploma (or ongoing)
- College, CEGEP or other non-university certificate or diploma (or ongoing)
- Undergraduate degree or some university
- Postgraduate degree or professional designation (e.g., Master's, PhD, MD)
- Not applicable
- Do not know
- Prefer not to answer

Which of the following best describes your current employment status?

- | | |
|---|---|
| <input type="checkbox"/> Employed | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Unable to work |
| <input type="checkbox"/> Stay-at-home caregiver | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Student | <input type="checkbox"/> Do not know |
| | <input type="checkbox"/> Prefer not to answer |

What is your ethnic or cultural origin(s)? (specify as many ethnic or cultural origin(s) as applicable)

(e.g., Canadian, Chinese, East Indian, English, Filipino, French, German, Irish, Italian, Jamaican, Jewish, Polish, Portuguese, Scottish etc.)

- Specify: _____
- Do not know
- Prefer not to answer

Which of the following best describes your racialized group?

(select all that apply, for example, if you belong to multiple racialized groups)

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Black | <input type="checkbox"/> Southeast Asian |
| <input type="checkbox"/> East Asian | <input type="checkbox"/> White |

Were you born in Canada?

- | | |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Do not know |
| <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to answer |

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Complete sections A, B, & C

Patient Name: _____

Section A – Demographics (continued)

What language are you most comfortable speaking? *(include all that apply)*

- English
 French
 Specify (e.g., Vietnamese, Albanian, Yue Chinese, Tibetan, etc.): _____
 Do not know
 Prefer not to answer

Section B – Medical History

How would you rate your general health?

- Excellent Very Good Good Fair Poor Prefer not to answer

Are you currently receiving medications prescribed by your physician to help with memory, thinking and/or language?

- Yes No

Are you currently receiving herbal remedies/alternative therapies to help with memory, thinking, and/or language?

- Yes *(specify)*: _____
 No

Have you visited your family doctor in the last three years due to concerns about memory, thinking, and/or language?

- Yes No

Which of the following specialists have you visited in the last three years due to concerns about memory, thinking, and/or language? *(select all that apply)*

- Neurologist Geriatrician Psychiatrist Primary Memory Care Physician
 Other *(specify)*: _____
 Not Applicable (have not visited a specialist in the last 3 years due to concerns about memory, thinking and/or language)

Section C – Wellness

Have you missed work, family or social events because of your issues with memory, thinking, and/or language?

- Yes No

How stressed are you about not knowing the specific cause of your issues with memory, thinking, and/or language?
(1 – Not at all concerned; 10 – Most stressed)

- 1 2 3 4 5 6 7 8 9 10

Over the last 2 weeks, how often have you been bothered by the following problems?

- Feeling nervous, anxious, or on edge
 Not at all Several days More than half the days Nearly every day
- Not being able to stop or control worrying
 Not at all Several days More than half the days Nearly every day

Return the completed form to your physician