

MEMORY ENHANCEMENT GROUP—INTRODUCTORY SESSION

Please provide information as requested below:

Name: _____

Social Security Number with Military Prefix (e.g., 20/xxx-xx-xxxx):

Today's Date: _____

Age: _____ Date of birth: _____

Gender (circle one): Male Female

Handedness (circle one): Right Left Ambidextrous

Ethnic background (circle one): Caucasian African American Hispanic

American Indian Asian Other: _____

Marital Status (circle one): Married (first marriage) Remarried Separated

Single, never married Single, previously married Widowed

Service Status (circle one): Active Duty Reserves National Guard

Retired Active Duty Active Duty Family Member

Retired Family Member

Service Branch of Sponsor (circle one): Navy Marines Army Air Force Coast Guard

Other: _____

Years of education: _____

Academic degrees (e.g., High School Diploma, A.A. degree): _____

Are you currently enrolled in school or a training program? Yes No

If not on Active Duty, describe your current occupation:

Current and past medical problems include: _____

Current medication include: _____

Describe your memory problem:

Who is your Primary Care Manager? _____

What clinic do you use for your primary care needs? _____

If you are currently being followed by a mental health practitioner, who is your doctor or therapist? (or circle N/A) _____ N/A

If you are currently being followed by a neurologist or neurosurgeon, who is your doctor? (or circle N/A) _____

Memory Symptoms: Please use this rating system to respond to the following statements

- 1= Almost Never
- 2= Sometimes
- 3= Often
- 4= Very Frequently
- 5= All The Time

Circle your answer (number) for each of these statements. If a statement does not apply to you, circle 1.

- 1 2 3 4 5 I walk into a room and forget my intention for being there.
- 1 2 3 4 5 A family member or person at work asks me to do something and I forget to do it.
- 1 2 3 4 5 After asking for directions (e.g., how to get to a certain destination) I can't remember them.
- 1 2 3 4 5 If asked to do several things over the course of the day, I forget to do one or more of them.
- 1 2 3 4 5 I forget the content of telephone messages I'm supposed to pass on to others.
- 1 2 3 4 5 I have recently been getting lost in familiar places while driving, or, if not a vehicle driver, I feel lost when traveling to familiar places.
- 1 2 3 4 5 I have trouble remembering the names of people I have just met.
- 1 2 3 4 5 I struggle to remember information about my childhood.
- 1 2 3 4 5 I forget to pay bills and have suffered some adverse consequence as a result (e.g., had the water turned off).
- 1 2 3 4 5 I forget my own telephone number.
- 1 2 3 4 5 I forget the names of persons who are very well-known to me, such as the names of my children or other relatives.
- 1 2 3 4 5 When asked for information about my medical history I am unable to remember information for the doctor.
- 1 2 3 4 5 During conversations I am unable to remember what I'm talking about.
- 1 2 3 4 5 When asked for my Social Security number, I'm unable to remember it.

- 1 2 3 4 5 When I go shopping I forget to buy some of the items I had intended to purchase.
- 1 2 3 4 5 When asked what medicines I take I am unable to remember.
- 1 2 3 4 5 I forget to do routine things, like eat lunch or care for the family pets.
- 1 2 3 4 5 Other people say I forgot to do something but I don't believe them.
- 1 2 3 4 5 I can't remember the day of the week or what month it is.
- 1 2 3 4 5 I don't remember if I have already taken my medicines or vitamins.
- 1 2 3 4 5 I forget if I have already eaten lunch or dinner.
- 1 2 3 4 5 I have trouble remembering my primary doctor's name.
- 1 2 3 4 5 I have a hard time remembering words when I am trying to converse with others.
- 1 2 3 4 5 I feel that I'm unable to remember information I have just read.
- 1 2 3 4 5 I find that I need to make many notes over the course of the day to prompt me to remember things.

Please read and sign

I understand that the Memory Enhancement Group is offered through the Psychology Department of Naval Medical Center, Portsmouth. The purpose of the group is to teach me about memory functions and to help me learn ways to improve my memory ability. I understand that this group does not offer general mental health services, that I will not be given a general mental health examination prior to my participation, and that my mental health status will not be monitored over the course of this group treatment. I also understand that if I feel I am in need of mental health services or if I experience a mental health emergency, I can inform the group leader, who will then ensure I receive a referral for the help I need.

Signature: _____ Date: _____

Please Print Name: _____