



# Cognivue Thrive Health Questions

Name:

Date of birth:

Date:

**Please check all that apply.**

## **Do you...**

Often stumble into things that are near you?

Have difficulty concentrating or following up on tasks (such as following recipes, creating lists, and work related projects)?

Feel you are paying less attention to your hobbies and/or social events you usually enjoy?

Have difficulty following a conversation?

Sometimes have difficulty finding words to describe things?

Have difficulty remembering important birthdays and/or anniversaries?

Misplace things often and have a difficult time finding them?

Feel fatigued during the day?

Have difficulty seeing, hearing, or find yourself disengaging from events due to problems hearing/seeing?

Exercise regularly and make an effort to eat a balanced diet?

Take medication for high blood pressure, high cholesterol, high triglycerides, diabetes or any other conditions?

