

## hear today, hear tomorrow

## COGNIVUE THRIVE QUESTIONNAIRE

Patient Name:		DOB:		Date:	
Please check all that apply:					
Do you					
	☐ Often stumble into that's that are near you?				
	Have difficulty concentrating or following up on tasks? (recipes, lists, work projects)				
	Feel you are paying less attention to your hobbies and/or social events?				
	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 disengaged due to this?				
	Exercise regularly and try to eat a balanced diet?				
	Take medication for high blood pressure, high cholesterol, diabetes, or any other issues?				