Voluntary Participant Survey

Participation in the Alzheimer’s Foundation of America (AFA) National Memory Screening Program survey is voluntary. Like the memory screening test, the survey is confidential; we do not ask for any identifying information. The information you provide will assist AFA in improving its memory screening initiative. Thank you for your assistance.

1. What is your gender? __________
   □ A. Male
   □ B. Female
   □ C. Other

2. What is your age? __________

3. What is your race/ethnicity? (Check all that apply)
   □ A. White or Caucasian
   □ B. Black or African American
   □ C. Hispanic or Latino
   □ D. Asian or Pacific Islander
   □ E. Native American or American Indian
   □ F. Other

4. Have you ever had a memory test before?
   If so-
   □ A. No I have not had a memory test before
   □ B. At a NMSD in the past
   □ C. At a health fair
   □ D. In my doctor’s office
   □ E. On a computer
   □ F. Other ______________

5. How did you hear about this screening? (Check all that apply)
   □ A. Through the Alzheimer’s Foundation of America’s website
   □ B. In my clinician’s office
   □ C. From flyers posted or handed out in my community
   □ D. From a friend or relative
   □ E. From a radio or television ad
   □ F. Other

6. What is the reason you came today? (Check all that apply)
   □ A. I have noticed changes in my memory over the last year
   □ B. I feel I have more problems with my memory than most other people my age
   □ C. My family or friends have encouraged me to get screened
   □ D. I have relatives with Alzheimer’s disease or dementia
   □ E. I have been a caregiver for someone with AD or dementia
   □ F. I have been diagnosed with memory loss
   □ G. I feel regular memory screening is important
   □ H. Other ______________

7. Did anyone come with you today?
   □ A. No
   □ B. A spouse
   □ C. A relative
   □ D. A caregiver
   □ E. A friend
   □ F. Other ______________

8. I plan on sharing my results with: (Check all that apply)
   □ A. Doctor
   □ B. Spouse
   □ C. Relative
   □ D. Friend
   □ E. Caregiver
   □ F. No one
   □ G. Other ______________

Please Return to AFA’s National Program Coordinator
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Mail: 322 8th Ave, 16th Floor, New York, NY 10001