

# How Well Are You Thinking?

Please complete this form in ink **without** the assistance of others.

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

How far did you get in school? \_\_\_\_\_ I am a Man \_\_\_\_\_ Woman \_\_\_\_\_

I am Asian \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ White \_\_\_\_\_ Other \_\_\_\_\_

Have you had any problems with memory or thinking? Yes \_\_\_\_\_ Only Occasionally \_\_\_\_\_ No \_\_\_\_\_

Have you had any blood relatives that have had problems with memory or thinking? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have balance problems? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, do you know the cause? Yes (specify reason) \_\_\_\_\_ No \_\_\_\_\_

Have you ever had a major stroke? Yes \_\_\_\_\_ No \_\_\_\_\_ A minor or mini-stroke? Yes \_\_\_\_\_ No \_\_\_\_\_

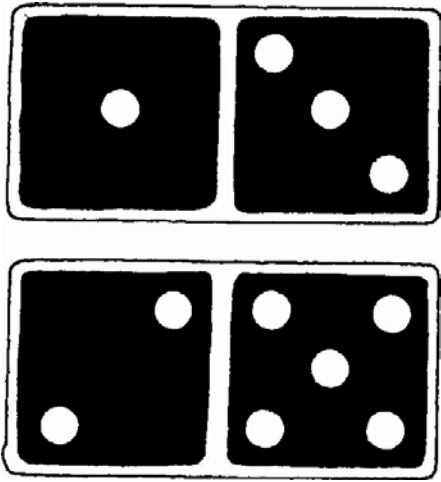
Do you currently feel sad or depressed? Yes \_\_\_\_\_ Only Occasionally \_\_\_\_\_ No \_\_\_\_\_

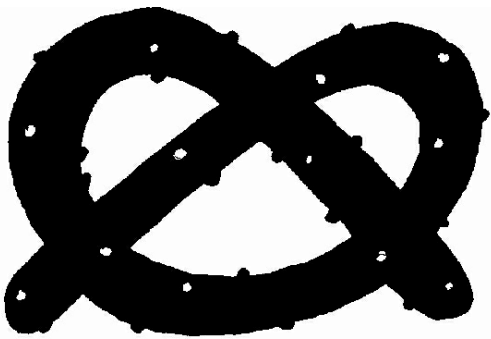
Have you had any change in your personality? Yes (specify changes) \_\_\_\_\_ No \_\_\_\_\_

Do you have more difficulties doing everyday activities due to thinking problems? Yes \_\_\_\_\_ No \_\_\_\_\_

1. What is today's date? (from memory – no cheating!) Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

2. Name the following pictures (don't worry about spelling):





\_\_\_\_\_

**Answer these questions:**

3. How are a corkscrew and a hammer similar? Write down how they are alike. They both are... what?

---

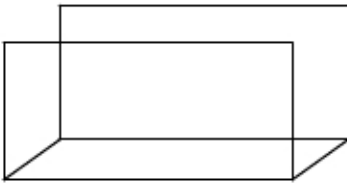
4. How many quarters are in \$8.75 cents? \_\_\_\_\_

5. You are buying \$1.95 of groceries. How much change would you receive back from a \$5 bill?

---

**6. Memory Test (memorize these instructions). Do later only after completing this entire test:**

At the bottom of the very last page: Write "I am done" on the blank line provided

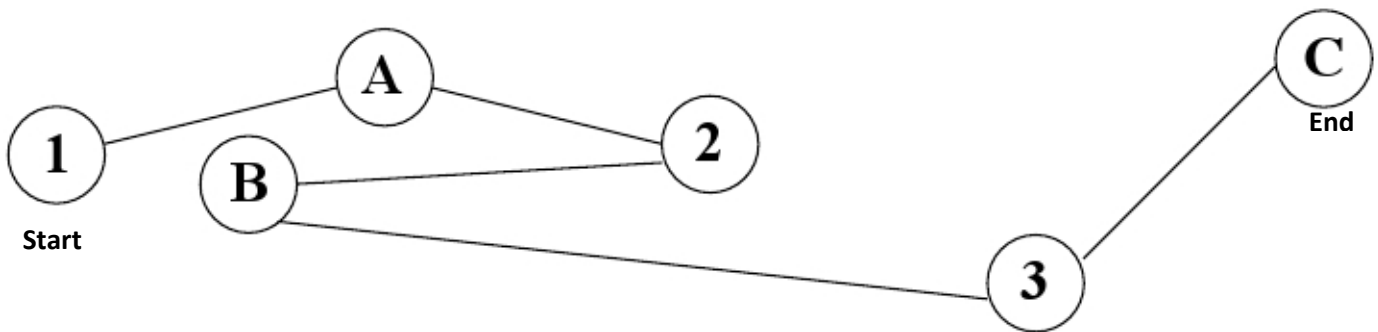
**7. Copy this picture:****8. Drawing test**

- Draw a large face of a clock and place in the numbers
- Position the hands for 10 minutes after 11 o'clock
- On your clock, label "L" for the long hand and "S" for the short hand

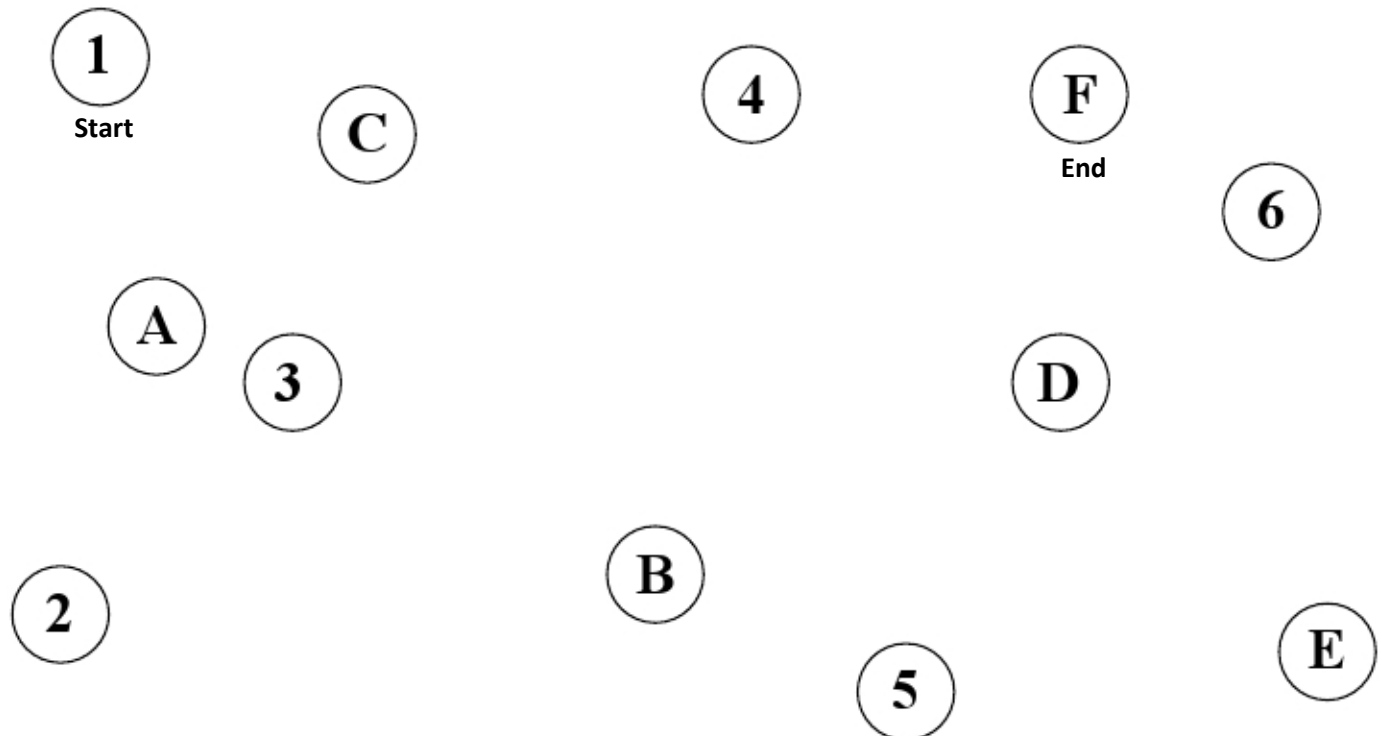
9. Write down the names of 12 different fruits or vegetables (don't worry about spelling):

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Review this example (this first one is done for you) then go to question 10 below: Draw a line from one circle to another starting at 1 and alternating numbers and letters (1 to A to 2 to B to 3 to C).

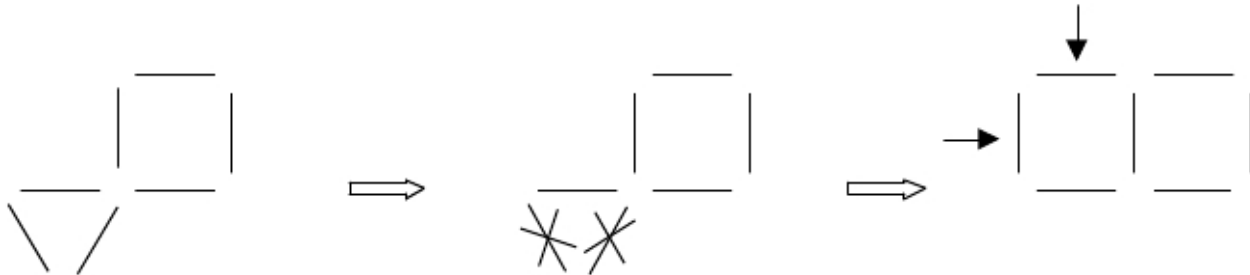


10. Do the following: Draw a line from one circle to another starting at 1 and alternating numbers and letters in order before ending at F (1 to A to 2 to B and so on).



Review this example (this first one is done for you) then answer question 11 below:

- Beginning with 1 triangle and 1 square
- Move 2 lines (marked with an X)
- To make 2 squares and no triangle
- Each line must be part of a complete square (no extra lines).



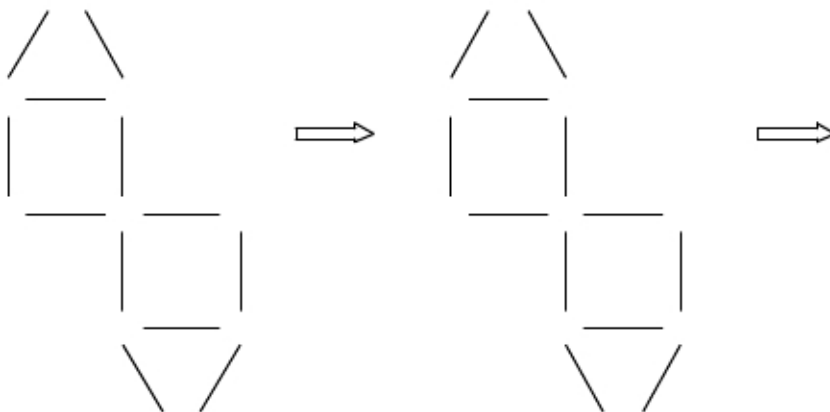
1 triangle, 1 square  
**(Example)**

Move these 2 lines  
**(Example)**

Put them here (at arrows)  
Make 2 squares (answer)  
**(Example)**

**11. Solve the following problem:**

- Beginning with 2 squares and 2 triangles
- Move 4 lines (mark with an X)
- To make 4 squares and no triangles
- Each line must be part of a complete square (no extra lines).



2 squares, 2 triangles

Move 4 lines

**Draw answer here**

**Mark with an X**

**4 squares**

12. Are you done? \_\_\_\_\_

COPYRIGHT © 2007-2017 THE OHIO STATE UNIVERSITY  
ALL RIGHTS RESERVED

Douglas W. Scharre M.D., [Scharre.1@osu.edu](mailto:Scharre.1@osu.edu), (614) 293-4969

This instrument cannot substitute for medical advice, diagnosis or treatment by a trained medical professional. Diagnosis and treatment of human illness should be based collectively on medical history, including family medical history, and a physical examination along with a doctor's professional judgment and review of all test results. The material contained in this instrument does not contain standards that are meant to be applied rigidly and followed in virtually all cases. Physicians' judgment must remain central to the selection of diagnostic tests and therapy options of a specific patient's medical condition.

This instrument is provided AS IS, WITHOUT REPRESENTATION AS TO ITS FITNESS FOR ANY PURPOSE, AND WITHOUT WARRANTY OF ANY KIND, EITHER EXPRESS OR IMPLIED, INCLUDING WITHOUT LIMITATION THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE. The Ohio State University has no obligation to provide support, updates, enhancements, or other modifications. No guarantees are made with respect to accuracy, completeness, errors, or omissions of content. In no event will the Ohio State University be liable for any decision made or action taken in reliance upon the information provided through this instrument. THE OHIO STATE UNIVERSITY SHALL NOT BE LIABLE FOR ANY COMPENSATORY OR NON-COMPENSATORY DAMAGES, INCLUDING BUT NOT LIMITED TO SPECIAL, INDIRECT, INCIDENTAL, OR CONSEQUENTIAL DAMAGES, WITH RESPECT TO ANY CLAIM ARISING OUT OF OR IN CONNECTION WITH THE USE OF THIS INSTRUMENT, EVEN IF IT HAS BEEN OR IS HEREAFTER ADVISED OF THE POSSIBILITY OF SUCH DAMAGES.