

## Bredeson Protocol Cognitive Assessment

Name:			Date of Birth:		/ /
Height:			in		Onset of Cognitive Decline
Weight:			lbs		Wrist Size of dominant hand
					in
<b>History Questionnaire</b>			<b>Circle One</b>		
Family History of Dementia	Yes	No	Personal History of Hemorrhagic Stroke	Yes	No
Diabetes	Yes	No	Family History of Hemorrhagic Stroke	Yes	No
Medication For Diabetes	Yes	No	Emphysema or Bronchitis	Yes	No
Medication For Diabetes	Yes	No	Herpes	Yes	No
Simple Carbohydrates in Diet	Yes	No	Positive Lyme Disease Test	Yes	No
Depression	Yes	No	Anesthesia After 40 Years Old	Yes	No
Episodes of Aggressive Behavior	Yes	No	Anesthesia After 40 Two Or More Times	Yes	No
History of Concussions	Yes	No	Mold Exposure	Yes	No
History of Head Trauma	Yes	No	Poor Oral Hygiene	Yes	No
Vomiting After Head Trauma	Yes	No	Presence of Dental Amalgams	Yes	No
Loss of Consciousness	Yes	No	Presence of Root Canals	Yes	No
Alcohol Related Withdrawal or Seizures	Yes	No	More Than 3 Dental Amalgams	Yes	No
Illicit Drug Use	Yes	No	Sleep Less Than 7 Hours/Night	Yes	No
Anti-Testosterone Medication	Yes	No	New Late Sleeping Patterns	Yes	No
History of Heart Attack or Angina	Yes	No	REM Behavioral Disturbance	Yes	No
History of Hypertension	Yes	No	Sleep Apnea or Hypopnea	Yes	No
History of Vascular Disease	Yes	No	Problems Calculating	Yes	No
Hysterectomy Before 41	Yes	No	Problems Reading	Yes	No
Hysterectomy Before 52	Yes	No	Problems With Finding Words	Yes	No
History of Lyme Disease or Tick Bite	Yes	No	Problems With Organizing	Yes	No
Meningitis	Yes	No	Problems With Recognizing Faces	Yes	No
Personal History of Cancer	Yes	No	Saying Inappropriate Things	Yes	No
Rapid Cognitive Decline	Yes	No	Delusions	Yes	No
Gluten Sensitivity	Yes	No	Apathetic Attitude	Yes	No
Consumption of Seed Oils	Yes	No	History of Passing Out	Yes	No
Constipation	Yes	No	Loss of Empathy	Yes	No
Leaky Blood-Brain Barrier	Yes	No	Stealing Items	Yes	No
Leaky Gut	Yes	No	Visual Hallucinations	Yes	No
Tremor at Rest	Yes	No	Cerebrospinal Fluid with ATI < 1.0	Yes	No
Difficulty Looking Up or Down	Yes	No	Personal History of Ischemic Stroke (non-bleeding)	Yes	No
Headaches	Yes	No	Family History of Ischemic Stroke (non-bleeding)	Yes	No
Loss of Sense of Smell	Yes	No	Neuroactive Medications	Yes	No
Alcohol Daily Consumption	Yes	No	History of Atrial Fibrillation	Yes	No
Mitochondrial Damaging Agents	Yes	No	<b>FOR OFFICE USE ONLY</b>		
			MoCA score	0-30	
			AQ-21 score	0-27	
			SLU Mental Status score	0-30	