

# Dr. Perlmutter's Brain Audit

## Rating Your Mental Performance

1. Do you find that you have to write things down or you forget to do them? Yes  No
2. Do you frequently misplace things? Yes  No
3. Do you find it increasingly difficult to stay focused during a long meeting? Yes  No
4. Do you worry that you won't remember someone's name shortly after being introduced? Yes  No
5. Do you find that it is difficult for you to resume a task once you have been interrupted? Yes  No
6. If the radio or television is on in a room, do you have difficulty reading or concentrating on your work? Yes  No
7. Do you find it more difficult to do simple mathematical calculations in your head like figuring out the tip on a restaurant check or keeping score during a tennis or card game? Yes  No
8. Do you get more frustrated than you used to when confronted with a mental challenge? Yes  No
9. Do you feel overly concerned or fearful when you are forced to learn something new, like a new computer system at work? Yes  No
10. Do you find it is becoming more difficult to follow the plot in a novel or a movie? Yes  No
11. Is it easier for you to remember something that happened 30 years ago than three days ago? Yes  No

## Your Age

12. Are you over 40? Yes  No
13. Are you over 50? Yes  No
14. Are you over 60? Yes  No
15. Are you over 70? Yes  No
16. Are you over 80? Yes  No

## Your Diet

17. Do you eat food with trans-fatty acids three or more times a week? (Trans-fatty acids are found in margarine and in processed baked goods and snack foods. If you don't know the answer to this question, you probably are and should answer yes.) Yes  No
18. Do you use artificially sweetened foods or beverages? Yes  No
19. Is there usually more meat on your plate than vegetables? Yes  No
20. Do you drink more than two glasses of wine or two alcoholic drinks on most days? Yes  No
21. Do you eat sweets or dessert every day? Yes  No

## What's in Your Medicine Cabinet?

22. Do you routinely take any drugs, prescription or over-the-counter medication? (Routinely is defined as four times a week or more.) See list of drugs below under **Are you Taking any of These Drugs?** Each drug that you take gets a yes answer so more than one yes is possible to this question. Yes  No

## Personal Habits

23. Do you routinely get less than eight hours sleep a night? Yes  No
24. Do you use a cell phone without an earphone? Yes  No
25. Do you have a sedentary lifestyle? (You don't exercise regularly as defined as 30 minutes of moderate to vigorous exercise at least 3 times a week.) Yes  No
26. Do you smoke or have you smoked in the last 20 years? Yes  No
27. Have you ever used cocaine? Yes  No

## Your Environment

28. Do you drink well water? Yes  No
29. Have you ever lived in a place where the house or yard was routinely treated for insects? Yes  No
30. Do you live in a house or an apartment building constructed before 1978? Yes  No
31. Do you sleep with an electric blanket or clock radio within 3 feet of your head? Yes  No

## Your Stress Level

32. Are you going through a stressful time in your life? Yes  No
33. Are you all work and no play? (Rarely engage in leisure activities.) Yes  No
34. Do you come from a single-parent home? Yes  No
35. Do you have 3 or more older siblings? Yes  No
36. Did you lose a parent during childhood or teenage years? Yes  No
37. Did you experience physical or emotional abuse as a teen or child? Yes  No
38. Did you serve in the military during wartime? Yes  No

## Your Medical History

39. Do you have a parent, grandparent or sibling who has suffered from a neurological disease such as Alzheimer's, Parkinson's, or senile dementia or who has had a stroke? Yes  No
40. Are you more than 20 pounds overweight? Yes  No
41. Have you been diagnose with either Type I or Type II diabetes? Yes  No
42. Have you ever been diagnosed with depression? Yes  No
43. Have you ever experienced a head trauma that resulted in a loss of consciousness? Yes  No
44. Do you have a history or coronary artery disease? Yes  No
45. Do you have high blood pressure either treated or untreated? Yes  No

## Are You Taking Any of These Drugs?

**Antacids and Stomach Acid Suppressors** (Tagamet, Pepcid, Prevacid, Axid, Prilosec, Zantac)

**Pain Relievers** (Aspirin, Percodan, Empirin)

**Non-aspirin Pain Relievers** (Panadol, Tylenol, Anacin, Acetaminophen)

**Antidepressants** (Elavil, Norpramin, Sinequan, Tofranil, Aventil, Pamelor, Vivactil)

**Antipsychotic Drugs** (Haldol)

**Blood Pressure Lowering Drugs** (Tenormin, Zebeta, Bumex, Catapres, Lasix, Apresoline, Aldactazide, Capozide, Combipres, Dyazide, HydroDIURIL, Hyzaar, Lopressor-HCT, Lotensin HCT, Maxide, Microzide, Moduretic, Prinzide, Vaserecic, Zestoretic)

**Cholesterol Lowering Drugs** (Lipitor, Clevidipine, Lescol, Mevacor, Pravachol, Zocor)

**Antidiabetic Drugs** (Glucotrol, DiaBeta, Glynase, Micronase, Glucophage, Tolinase)  
**Asthma Drugs** (Vanceril, Pulmacort, Rhinocort, Nasalide, Aerobid, Flovent, Nasonex, Aerolate)  
**Antibiotics** (Bactrim, Septra)  
**Anticonvulsant Drugs** (Tegretol, Zarontin, Cerebyx, Mebaral, Phenobarbital, Dilantin, Mysoline, Depakote, Depakene)  
**Anti-Parkinson's Drugs** (Carbidopa, Levadopa, Sinemet)  
**Corticosteroids: Antiinflammatory Drugs** (Medrol, Deltasone, Orasone)  
**Estrogens** (An estrogen used as a contraceptive, any estrogen used for hormone replacement therapy)  
**Estrogen Substitutes for Osteoporosis** (Raloxifene, Evista)  
**Nonsteroidal Antiinflammatory Drugs** (NSAIDs) (Celebrex, Advil, Bayer Select Motrin, Midol, Indocin, Naprosyn, Aleve)

### **Assessing Your Level of Risk**

Each “Yes” answer is worth 1 point. Add up all your “Yes” answers to get your final tally. For question 22, each of the drugs that you take routinely counts a one “Yes” so you can accrue several points for this question.

If you scored between 0 and 6, you should follow Tier 1 program for Prevention and Maintenance. Tier 1 is for people who are basically healthy, have reasonably good health habits, and do not have any specific problems.

If you scored between 7 and 30, you should follow Tier 2, for Prevention, Repair, and Enhancement. Tier 2 is for people who are at a moderate risk and would like to improve their brain performance and prevent further problems.

If you scored above 30, you should follow Tier 3, Recovery and Enhancement. Tier 3 is for people who are at high risk and/or may already be experiencing a noticeable decline in mental ability.