

# 认知障碍症症状和变化检查表

下面列出的这些变化，都有可能是认知障碍症造成的。认知障碍症有很多种，所以症状并不固定。

这份检查表并不能用于诊断认知障碍症或其他健康问题。造成这些变化的，可能另有原因，而非认知障碍症。

如果您担心自己患有认知障碍症，您可以拿着这份检查表跟您的家人、家庭医生、护士或其他医务人员进行沟通。

认知障碍症，又称“失智症”，是“痴呆症”的一种科学名称。

如果情况比  
2年前更糟  
请在这打勾

如果症状  
已经影响  
到您的  
日常生活  
请在这打勾

## 思维和记忆上的变化:

- |                                  |                          |                          |
|----------------------------------|--------------------------|--------------------------|
| 经常忘记最近发生的事                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 学东西很慢                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 话到嘴边，词想不起来了，或者跟不上对话的内容           | <input type="checkbox"/> | <input type="checkbox"/> |
| 在用第二语言（例如英语）交流时，难以找到合适的词语或跟上对话内容 | <input type="checkbox"/> | <input type="checkbox"/> |
| 总是难以作出决定，或者做出很随意的决定，又或者做出很危险的决定  | <input type="checkbox"/> | <input type="checkbox"/> |
| 总是忘记现在几点，今天几号                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 总是不断地问相同的问题，或者一遍又一遍地说着同样的事情      | <input type="checkbox"/> | <input type="checkbox"/> |
| 东西乱放，没有固定的地方                     | <input type="checkbox"/> | <input type="checkbox"/> |

## 日常活动中的变化:

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 难以记住或遵循宗教习惯，例如祷告、诵经、烧香或参加教会或寺庙活动             | <input type="checkbox"/> | <input type="checkbox"/> |
| 发现自己连做饭、付账单、做规划以及购物这些日常活动都很难完成               | <input type="checkbox"/> | <input type="checkbox"/> |
| 睡眠发生变化，比如睡不着或者白天总想睡觉                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 在熟悉的地方迷路                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 走路费劲和行动困难(比如上下床、爬楼梯、上厕所)，比如拖着脚走，感觉身体僵硬或者行动缓慢 | <input type="checkbox"/> | <input type="checkbox"/> |

## 心情和行为上的变化:

- |                     |                          |                          |
|---------------------|--------------------------|--------------------------|
| 感到异常伤心或绝望           | <input type="checkbox"/> | <input type="checkbox"/> |
| 感到异常的担忧、紧张或不安       | <input type="checkbox"/> | <input type="checkbox"/> |
| 对之前感兴趣的爱好或社交活动不再感兴趣 | <input type="checkbox"/> | <input type="checkbox"/> |
| 行为不当或与平常不同          | <input type="checkbox"/> | <input type="checkbox"/> |
| 总是感觉坐立不安，来来回回地走来走去  | <input type="checkbox"/> | <input type="checkbox"/> |

## 其他担忧:

- |                   |                |                          |
|-------------------|----------------|--------------------------|
| 您听得清楚别人说话么？ 是 / 否 | 您使用助听器吗？ 是 / 否 | 日期: <input type="text"/> |
| 您看得清楚东西么？ 是 / 否   | 您使用眼镜吗？ 是 / 否  |                          |

如果您还有其他担忧，请写在这：



访问: [www.facingdementiatogether.au/zh](http://www.facingdementiatogether.au/zh)  
拨打全国认知障碍症热线 1800 100 500



# Checklist for dementia symptoms and changes

Listed below are some of the common changes that may be associated with dementia. There are many different types of dementia and symptoms can vary. **This checklist is not intended to diagnose dementia or any other health condition. There may be other reasons for these changes.**

**If you have any concerns, use this checklist to help you to have a conversation with your GP, nurse or health professional as well as your family.**

	<i>Tick if worse than 2 years ago</i>	<i>Tick if affects daily life</i>
<b>Changes in thinking and memory:</b>		
Forgetting recent events	<input type="checkbox"/>	<input type="checkbox"/>
Having trouble learning new things	<input type="checkbox"/>	<input type="checkbox"/>
Struggling to find the right words or follow conversations	<input type="checkbox"/>	<input type="checkbox"/>
Struggling to find the right words or follow conversations in second language (i.e. English)	<input type="checkbox"/>	<input type="checkbox"/>
Having a hard time making choices, or making careless or risky choices	<input type="checkbox"/>	<input type="checkbox"/>
Losing track of time and dates	<input type="checkbox"/>	<input type="checkbox"/>
Asking the same question a lot, or saying the same things over and over	<input type="checkbox"/>	<input type="checkbox"/>
Putting things in unusual places	<input type="checkbox"/>	<input type="checkbox"/>
<b>Changes in daily activities:</b>		
Finding it hard to do day-to-day jobs like cooking, paying bills, planning, shopping	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty remembering or following religious practices or attending church/ temple activities	<input type="checkbox"/>	<input type="checkbox"/>
Changed sleep patterns such as disturbed sleep or sleeping more during the day	<input type="checkbox"/>	<input type="checkbox"/>
Getting lost in familiar places	<input type="checkbox"/>	<input type="checkbox"/>
Harder to walk and move, for example, shuffling, feeling stiff or being slow	<input type="checkbox"/>	<input type="checkbox"/>
<b>Changes in mood and behaviour:</b>		
Feeling unusually sad or hopeless	<input type="checkbox"/>	<input type="checkbox"/>
Feeling unusually worried, nervous or uneasy	<input type="checkbox"/>	<input type="checkbox"/>
Not being interested in previously enjoyable hobbies or social events	<input type="checkbox"/>	<input type="checkbox"/>
Behaving inappropriately or differently to usual	<input type="checkbox"/>	<input type="checkbox"/>
Feeling restless and walking around a lot	<input type="checkbox"/>	<input type="checkbox"/>

## Other concerns:

Can you hear well? Yes / No      Do you use hearing aids? Yes / No  
Can you see well? Yes / No      Do you wear glasses? Yes / No

Date:

Write any other concerns here:



Email [info@facedementia.au](mailto:info@facedementia.au)  
Call the National Dementia Helpline  
1800 100 500

