

August 15, 2025

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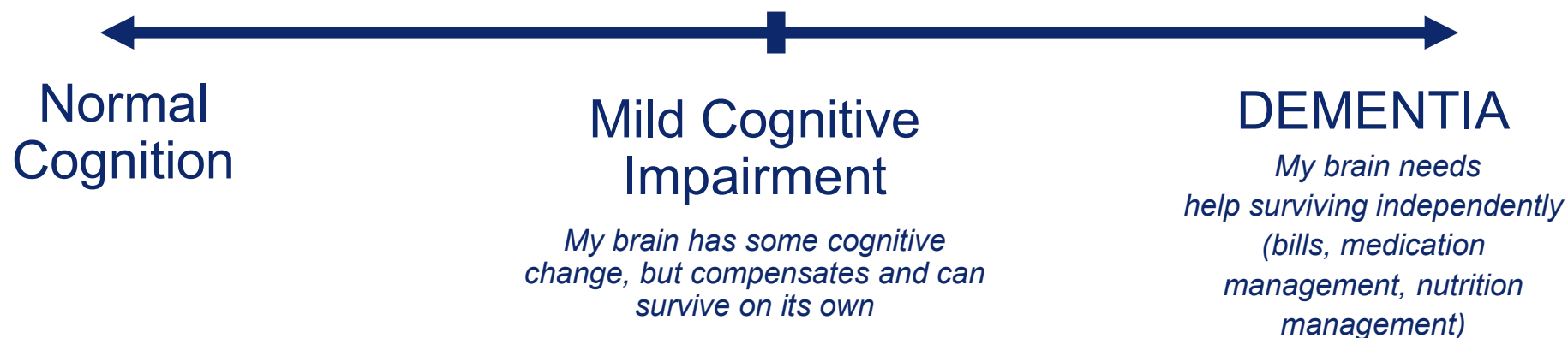
# Let's Chat About Thinking:

## How to Prepare for a Memory Evaluation (cheat sheet)

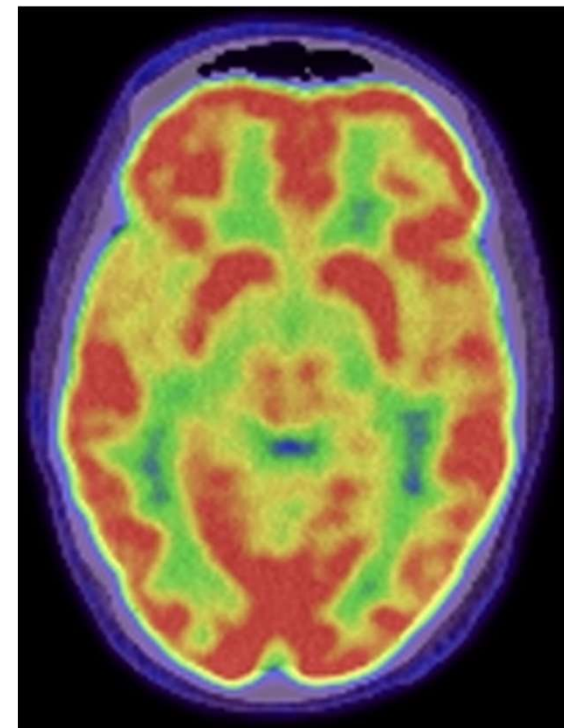
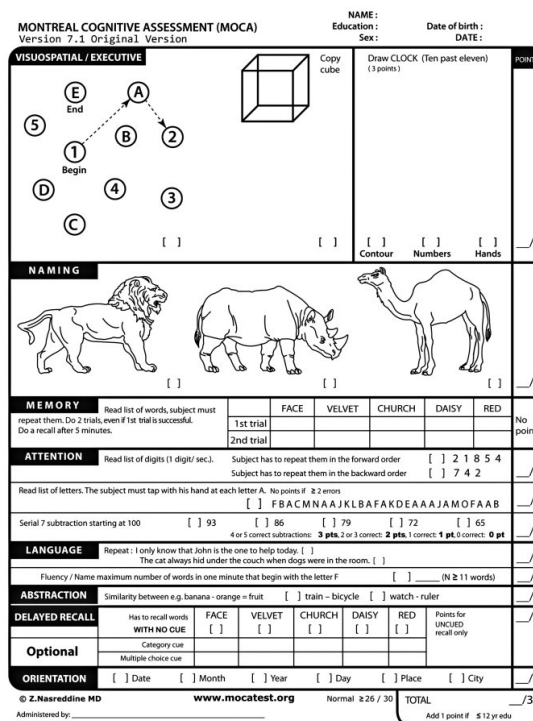
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**The purpose of a memory consultation is not to judge, label, or take away your independence.**



**It is an opportunity to better understand your brain health, assess your risks for the future, and give you power to understand how to be healthier.**



**(1) Specific dementias can be associated with prototypic symptoms or patterns. So, prepare your observations, bring notes if helpful. The first (and most important) diagnostic step is hearing your story.**

**- Alzheimer's Disease**

- *Repetition of stories*
- *Unawareness of symptoms*
- *Normal social cues*
- *Slow and progressive over decade*

**- Vascular Disease**

- *Obstructions in blood flow, stroke*
- *Attention impairments, good days/bad days*
- *Gait abnormalities, falling*

**• Lewy Body Disease**

- *Visual hallucinations*
- *Fluctuating attention and alertness*
- *Parkinsonian features*
- *Sleep disturbances, dream enactment*

**- Frontotemporal Disease**

- *Impulsive and obsessive behaviors*
- *Loss of empathy or apathy*
- *Not knowing what is right or wrong*

## **(1) There are other symptoms that may relate to your memory change that are important for the doctor to know about:**

**We may ask about these specific functions:**

- **sleep health**, sleep apnea, napping
- **nutritional health**, vitamins, eating patterns, weight loss
- **physical health**, tremor, falling, slowing down
- **hobbies and social patterns**, any withdrawal or isolation
- **head injuries** or concussions
- **family history** of dementia adds to risk discussion
- **mood and behavioral changes**, hallucinations, emotions

**We also want to assess for safety. This can be a sensitive topic, so please share this information with respect.**

### **Instrumental Activities of Daily Living:**

paying bills on time?  
taking medications correctly? driving?  
making meals?

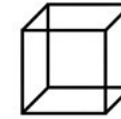
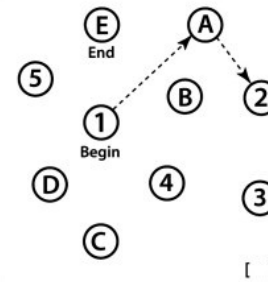
**(2) Next, we combine the history (the story of your symptoms) with cognitive testing. This gives us a pattern.**

This is called a MOCA, other times we use MMSE, SLUMS, Mini-mental tests.

**MONTREAL COGNITIVE ASSESSMENT (MOCA)**  
Version 7.1 Original Version

NAME: \_\_\_\_\_  
Education: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Sex: \_\_\_\_\_ DATE: \_\_\_\_\_

**VISUOSPATIAL / EXECUTIVE**



Copy  
cube

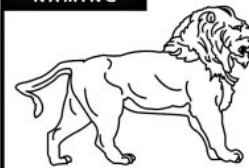
Draw CLOCK (Ten past eleven)  
(3 points)

[ ] [ ] [ ]  
Contour Numbers Hands

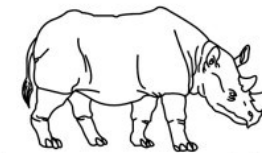
POINTS

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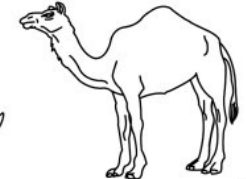
**NAMING**



[ ]



[ ]



[ ]

\_\_\_/3

**MEMORY**

Read list of words, subject must repeat them. Do 2 trials, even if 1st trial is successful. Do a recall after 5 minutes.

	FACE	VELVET	CHURCH	DAISY	RED
1st trial					
2nd trial					

No points

**ATTENTION**

Read list of digits (1 digit/ sec.). Subject has to repeat them in the forward order [ ] 2 1 8 5 4  
Subject has to repeat them in the backward order [ ] 7 4 2

\_\_\_/2

Read list of letters. The subject must tap with his hand at each letter A. No points if ≥ 2 errors  
[ ] FBACMNAAJKBFAKDEAAAJAMOFAB

\_\_\_/1

Serial 7 subtraction starting at 100 [ ] 93 [ ] 86 [ ] 79 [ ] 72 [ ] 65  
4 or 5 correct subtractions: 3 pts, 2 or 3 correct: 2 pts, 1 correct: 1 pt, 0 correct: 0 pt

\_\_\_/3

**LANGUAGE**

Repeat: I only know that John is the one to help today. [ ]  
The cat always hid under the couch when dogs were in the room. [ ]

\_\_\_/2

Fluency / Name maximum number of words in one minute that begin with the letter F [ ] \_\_\_\_\_ (N ≥ 11 words)

\_\_\_/1

**ABSTRACTION**

Similarity between e.g. banana - orange = fruit [ ] train - bicycle [ ] watch - ruler

\_\_\_/2

Has to recall words WITH NO CUE	FACE	VELVET	CHURCH	DAISY	RED	Points for UNCUE recall only
	[ ]	[ ]	[ ]	[ ]	[ ]	

\_\_\_/5

**Optional**

Category cue	FACE	VELVET	CHURCH	DAISY	RED
	[ ]	[ ]	[ ]	[ ]	[ ]
Multiple choice cue					

ORIENTATION [ ] Date [ ] Month [ ] Year [ ] Day [ ] Place [ ] City

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Normal ≥ 26 / 30

TOTAL \_\_\_/30

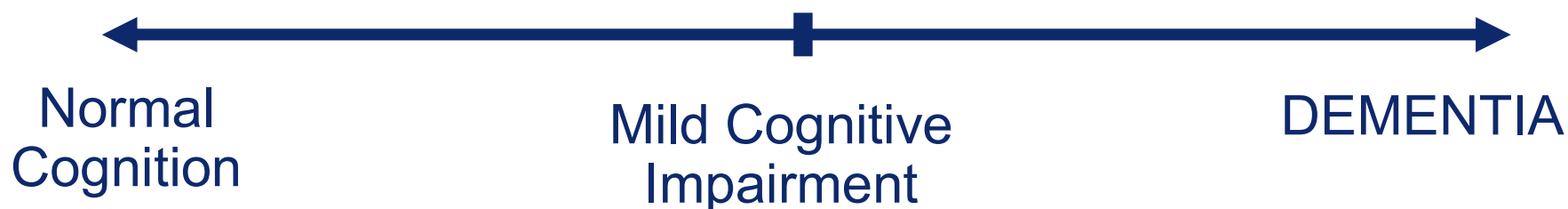
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Add 1 point if ≤ 12 yr edu

## **(2) Practicing questions for a MOCA will not help, but here are ways to do your best:**

- 1. Get a good night rest and make it to your appointment early, stress free. Prepare early.**
- 2. Drink a lot of water and have breakfast (maybe bring a snack)**
- 3. Remember that this is not a life-changing test**
  - **MOCA scores fluctuate often, and they are not the only piece of data**
  - **Sleep deprivation and anxiety are the most reasons to "fail" a MOCA**
- 4. Take your time while you complete it and ask questions**
  - **Most of the time the MOCA is not timed (there is one question that is)**

**(3) We then take all the data, including imaging, and put together a timeline and likely diagnosis. We have specific biomarkers as needed.**



**It is very difficult to get a specific dementia diagnosis without brain biopsy, so many times, "time" is our best indicator of a neurodegenerative disease.**



## 1-2-3 WAYS YOU COULD HELP ME:

**As you wait for the neurology appointment, please ask your primary care physician to start with some of the preliminary work-up:**

☐ **MRI Brain non – contrast**

- or CT Head without contrast if over age 85

☐ **Basic Screening Labs:** CBC, CMP, TSH, Vit D, Vit B12

☐ **Neuropsychology Testing** – with specific neuropsychologists or speech therapists. This is a longer (and more accurate) cognitive screening tool

☐ **Take care of your brain**, most of the time it is not an emergency. If it is, maybe a visit to urgent care or emergency room might be a better fit.

