MODIFIED HASCHINKSKI ISCHEMIC SCORE

1. Did the symptoms of your loved ones memory loss occur abruptly? 2

YES NO

2. Did the memory decline substantially over a short time period followed by plateaus of stable symptoms? 1

YES NO

3. Does your loved one have headaches, ringing in the ear or chest pain? 1

YES NO

4. Does your loved one laugh or cry easily? 1

YES NO

5. Does your loved one have a history of blood pressure >160/100 on 3 successive readings, or requiring diet modifications? 1

YES NO

6. Has your loved one had a stroke? 2

YES NO

7. Does your loved one complain of weakness or numbness on one side of the body, double vision or seizures? 2

YES NO