

## Save Your Brain Quiz

### Eat Well

1. Typically, how many servings of dark green, leafy vegetables do you eat? (Serving = 1 cup uncooked or ½ cup cooked kale, collard greens, spinach, etc. NOT iceberg lettuce)
  - a. Less than three servings per week
  - b. Three to six servings per week
  - c. More than six servings per week
  
2. Typically, how many servings of other vegetables do you eat? (Serving = 1 cup uncooked or ½ cup cooked green beans, squash, carrots, broccoli, celery, tomatoes, eggplant, etc.)
  - a. Less than five servings per week
  - b. Five to six servings per week
  - c. Seven or more servings per week
  
3. Typically, how many servings of berries do you eat? (Serving = ½ cup raw strawberries, blueberries, or others, or ¼ cup dried berries, or ½ cup frozen unsweetened berries, etc.)
  - a. One serving a month or less
  - b. One serving every week or two
  - c. Two or more servings per week
  
4. Typically, do you use olive oil instead of butter or margarine?
  - a. No, I predominantly use butter or margarine.
  - b. I use olive oil sometimes, but I use butter or margarine more.
  - c. Yes, I typically use olive oil instead of butter or margarine.
  
5. Typically, how many servings of whole grains do you eat? (Serving = 1 slice of whole wheat bread, ½ cup brown rice, ½ cup whole grain cereal, ½ cup cooked oatmeal, etc.)
  - a. Less than one serving per day
  - b. One to two servings per day
  - c. Three or more servings per day
  
6. Typically, how often do you eat omega-3 rich seafood? (Salmon, shrimp, tuna, trout, herring, oysters, etc.)
  - a. Once a month or less
  - b. Once every week or two
  - c. One or more times per week
  
7. Typically, how many servings of beans do you eat? (Beans, lentils, soybeans, etc.)
  - a. Less than one serving per week
  - b. One to three servings per week
  - c. Four or more servings per week

8. Typically, how often do you eat red meat and red meat products? (Hamburger, beef tacos, hot dogs, roast beef, ham, sausage, salami, lamb, pork, etc.)
- Seven or more meals per week
  - Four to six meals per week
  - Three or less meals per week
9. Typically, how often do you eat fast food OR fried foods? (Fast food at drive thru restaurants like hamburgers, fried chicken sandwiches, French fries, or fried chicken, fish, and chips, etc.)
- Four or more times per week
  - One to three times per week
  - Less than once a week
10. Typically, how often do you eat pastries/sweets? (NOT including small amounts of dark chocolate, Serving = 1 piece of cake, 1 Danish, 1 donut, 1 cookie, ½ cup ice cream, handful of candy, etc.)
- Ten or more times per week
  - Five to nine times per week
  - Less than five times per week

### **Get Moving**

11. Typically, how many steps do you take (how far do you walk) each day?
- Less than 2,000 steps per day (approx. 1 mile)
  - 2,000-7,500 steps per day
  - More than 7,500 steps per day (approx. 3.5 miles)
12. Typically, how often do you have physical activity that increases your heart rate—to the point where you are only able to say partial sentences—for a duration of 30 minutes or more? (You can count blocks of at least 10 minutes of activity that add up to 30 minutes per day; Physical activity may include: yard work, household chores, walking, weightlifting, water aerobics, etc.)
- Never or less than once per week
  - One to two times per week
  - Three or more times per week
13. Typically, how many days per week do you participate in strenuous physical activity, or activity where you are breathing hard enough that it would be difficult to carry on a conversation? (Activities like vigorous jogging, swimming, hiking, spin class, dancing, HIIT, power walking, etc.)
- Never or less than once per week
  - One to two times per week
  - Three or more times per week

14. Typically, how often do you participate in strength-building exercises? (Activities may include resistance bands, free weights, dumbbells, body weight exercises like pull-ups or push-ups, etc.)
- Never or less than once per week
  - One to two times per week
  - Three or more times per week
15. Typically, how often do you participate in core exercises? (Planks, crunches, Pilates, rowing etc.)
- Never or less than once per week
  - Once per week
  - Twice or more per week
16. Typically, how often do you do activities that help improve your balance/flexibility? (Activities may include yoga, tai chi, standing on one foot while brushing teeth, etc.)
- Never or less than once per week
  - Once per week
  - Twice or more per week
17. Typically, what is the longest period of time that you continuously sit or lie down without getting up in a day? (For example, if you typically stand up every hour, the answer is one hour. If you work all morning without standing up, the answer may be four hours. Does NOT include sleeping or napping.)
- Five hours or more without standing
  - Two to four hours without standing
  - One hour or less without standing
18. Typically, how often do you leave your house/apartment in a week? (Examples include going to the grocery store, going out with friends/family, etc.)
- Two or fewer times per week
  - Three to four times per week
  - Five or more times per week
19. Typically, how often do you have physical activity outside? (Briskly walking or running outside, yard work, hiking, biking on bike trail, etc.)
- Less than once per week
  - One to two times per week
  - Three or more times per week

20. Typically, how often do you get at least 150 minutes of moderate intensity activity (brisk walking) or 75 minutes of high intensity activity (running) per week (national recommendation for older adults)?
- Less than one week per month
  - One to two weeks per month
  - Three to four weeks per month

### **Be Social**

21. How many people do you have in your life that you would consider very close friends, or family, the type you would call at 3:00 AM in an emergency and they would help?
- None
  - One to two
  - Three or more
22. How many people do you regularly interact with and whose company do you enjoy? (For example, a friend you like to go walking with or someone you go to the movies or dinner with.)
- Less than two
  - Three to five
  - Six or more
23. Typically, how often do you have interactions with people who you may not know well, but you recognize each other and interact in small ways that make you feel like a part of your community?
- Less than once per week
  - One to three times per week
  - Four or more times per week
24. Typically, how often do you participate in volunteering or activities that help others? (For example, you volunteer at a food bank, or you offer to drive someone to an appointment.)
- Never
  - At least once per month
  - At least once per week

### **Stay Sharp**

25. Typically, how often do you participate in at least one of the following types of activities: read a book/ newspaper, play board games/cards, write in a journal, do a crossword puzzle, etc.?
- Never to a few times per week
  - Every day
  - Multiple times per day (for example, read four times and complete a crossword four times per week)

26. Typically, how often do you participate in activities that require (brain) concentration? (For example, play a musical instrument, take/listen to educational classes to learn something new/a new skill, or learn to play a new sport?)
- Never to a few times per week
  - Every day
  - Multiple times per day
27. Since age 60 (if you are not 60, answer for the last two decades), have you learned a new skill that took time and was mentally demanding? (Examples include photography, a new instrument, quilting, learning a new language, to watercolor, ballroom dancing, etc.)
- No, I have not spent time learning a new skill.
  - Somewhat (I play an instrument, but I haven't learned a new one recently)
  - Yes
28. Typically, how often do you participate in conversations that you would describe as mentally stimulating? (Examples include participating in a book club or discussing the news with a friend.)
- Never to a few times per month
  - Several times per month
  - Several times per week

### **Hear Well**

29. Have you, a friend, or family member noticed any hearing loss in you, such as difficulty hearing conversations or to have television turned up in an otherwise quiet environment?
- I may have hearing loss, but I have not received a hearing test
  - I may have hearing loss, and I plan to get my hearing tested OR I have not noticed significant hearing loss and have not received a hearing test
  - I have hearing loss, and I have received a hearing test OR I have not noticed hearing loss, but I got my hearing tested anyway
30. If you had your hearing tested, what were the results of that test?
- I have not received a hearing test, or the results showed I have hearing loss, and I have done nothing about it
  - I received a hearing test, the results showed hearing loss, and I started the process of getting a hearing aid
  - I received a hearing test, and the results did not show hearing loss OR I received a hearing test with the results showed hearing loss and I am now wearing a hearing aid

### **Sleep Enough**

31. Typically, how many hours of sleep do you get per night?
  - a. Less than six hours OR greater than ten hours
  - b. Either six to seven hours OR nine to ten hours
  - c. Seven to nine hours
  
32. Typically, how many times in the night do you get up?
  - a. I frequently wake up and struggle to fall back asleep
  - b. I wake up 1–2 times per night, but fall back asleep fairly easily
  - c. I typically don't remember waking up in the night

### **Smoking**

33. Do you use tobacco? (Smoke, vape, chew, etc.)
  - a. Yes
  - b. I occasionally use tobacco, but am in the process of quitting or stopped recently
  - c. I have never used tobacco, or I stopped using tobacco more than a decade ago

### **Alcohol**

34. Typically, how often do you drink an alcoholic beverage? (An alcoholic beverage is one 12-oz beer, one 5-oz glass of wine, or one 1.5-oz shot of hard liquor.)
  - a. Greater than two drinks per day
  - b. More than one but less than two drinks most days
  - c. Less than one drink per day

### **Address Chronic Conditions**

35. Have you been diagnosed with either sleep apnea or high blood pressure?
  - a. Yes, but I have done nothing about it
  - b. Yes, and I have taken some moderate steps to help my condition(s)
  - c. Yes, and I have taken enough steps to help my condition(s) that my condition is fully addressed, or I have not been diagnosed with either of those conditions
  
36. Do you frequently experience significant stress/anxiety or depression?
  - a. Yes, and I have not taken steps to help with this, such as finding people to talk to or discussing this with a professional
  - b. Yes, and I have begun taking steps to help with this
  - c. Yes, but I have taken enough steps to help with this, that it is fully addressed OR I have not experienced either of these
  
37. Have you ever been diagnosed with diabetes or are you obese?
  - a. Yes, I have either been diagnosed with diabetes or am obese and am not doing anything about either condition (taking diabetes or working to lose weight)
  - b. Yes, I have been diagnosed with diabetes and am taking steps to get it under control (I am tracking my blood sugar/taking medication) or I am obese and am taking steps to lose weight
  - c. Yes, I have been diagnosed with diabetes, but I have it under control OR I do not experience either of these

### Smart Goals

38. Do you have long term — next 6 to 12 months — goals? (For example, you want to learn a new instrument or language, or skill or travel to new places to learn about them.)
- No
  - Yes, but I have taken steps to achieve them (for example signed up for a class)
  - Yes, and I have achieved or partially achieved them
39. Do you wake up in the morning looking forward to what you are going to do that day? (For example, learning something new at a class, seeing your grandkids/friends, progressing in learning new skills like carpentry, quilting, or dancing.)
- Never
  - Occasionally
  - Often
40. How satisfied are you with your life the way it is?
- I am not satisfied
  - I am satisfied, but there are major things in my life I want to change
  - In general, I am satisfied with my life



## Dementia Risk Quiz Score Sheet

The SaveYour Brain Quiz is meant to be a learning tool to assist in making healthy lifestyle choices that will lower your risk of cognitive decline (such as when you have difficulty with memory), dementia, and Alzheimer’s disease.

Many of these healthy choices are known to also lower your risk of other diseases such as heart disease, type 2 diabetes, stroke, cancer, etc. Once you turn 65, your estimated lifetime risk for cognitive decline is approximately 23%, but even if you are not over 60, use of this tool can start healthy habits with a lifetime of results.

This quiz will help track how much dementia risk you have reduced during the KEYS program. To calculate how much you have reduced your risk of cognitive decline:

Circle the matching letter on the chart below.

1	a	b	c		21	a	b	c
2	a	b	c		22	a	b	c
3	a	b	c		23	a	b	c
4	a	b	c		24	a	b	c
5	a	b	c		25	a	b	c
6	a	b	c		26	a	b	c
7	a	b	c		27	a	b	c
8	a	b	c		28	a	b	c
9	a	b	c		29	a	b	c
10	a	b	c		30	a	b	c
11	a	b	c		31	a	b	c
12	a	b	c		32	a	b	c
13	a	b	c		33	a	b	c
14	a	b	c		34	a	b	c
15	a	b	c		35	a	b	c
16	a	b	c		36	a	b	c
17	a	b	c		37	a	b	c
18	a	b	c		38	a	b	c
19	a	b	c		39	a	b	c
20	a	b	c		40	a	b	c



## Save Your Brain Dementia Risk Quiz Results Sheet

### Class 1 Results:

- Count all A answers \_\_\_\_\_. Multiply by 0 = points
- Count all B answers \_\_\_\_\_. Multiply by 1 = points
- Count all C answers \_\_\_\_\_. Multiply by 2 = points

Add total points for your score: \_\_\_\_\_

And find your score below!

Healthy Life Habits Category	Your Score	Estimated Reduction of Risk of Dementia:
★ Maximal Healthy Life Habits	61-80	68%+
😊 A lot of Healthy Life Habits	49-60	51-67%
😐 Moderate Healthy Life Habits	37-48	39-50%
👍 Some Healthy Life Habits	25-36	27-38%
😞 Minimal Healthy Life Habits	13-24	8-26%
😓 No Healthy Life Habits	0-12	No reduction of risk

You will retake this quiz in Class 10 to see how much you have reduced your risk.

### Class 10 Results

- Count all A answers \_\_\_\_\_. Multiply by 0 = points
- Count all B answers \_\_\_\_\_. Multiply by 1 = points
- Count all C answers \_\_\_\_\_. Multiply by 2 = points

Add total points for your score: \_\_\_\_\_

