



5. Has a dentist or dental hygienist ever told you that you had periodontal or gum disease?  
 No                       Yes                       Don't know

6. Have you lost all of your permanent teeth, both upper and lower?  
 No                       Yes

**These questions are about memory and changes in mental functioning.**

7. Do you feel like your memory is becoming worse?  
 No                       Yes, but this does not worry me                       Yes, and this worries me

This next set of questions asks you to rate any change in your abilities, daily functioning and activities. Fill in the circle for each question that best fits your current ability level compared to 5 years ago.

**Select the one best choice for each item and please do not skip any questions.**

	No change	Minimal change	Some change	Clearly noticeable change	Much worse
7.1 Recalling information when I really try:	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
7.2 Remembering names and faces of new people I meet:	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
7.3 Remembering things that have happened recently:	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
7.4 Recalling conversations a few days later:	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
7.5 Remembering where things are usually kept:	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
7.6 Remembering new information told to me:	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
7.7 Remembering where I placed familiar objects:	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
7.8 Remembering what I intended to do:	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
7.9 Remembering names of family members and friends:	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
7.10 Remembering without notes and reminders:	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
7.11 People who know me would find that my memory is:	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
7.12 Remembering things compared to my age group:	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

**This question is about your birth name.**

8. U.S. census records have important historical information about the environment during your childhood, which may impact health. We would like to link your name to publicly available census records. Are you willing to provide your full birth name for this purpose?

Yes → Print your first, middle and last name as it appears **on your birth certificate**.

No

First name	Middle name	Last name at birth (maiden name)

*Thank you for taking the time to complete this questionnaire.*