

Clock drawing worksheet

Patient name _____ Test date _____

Date and time of last Axona[®] dose _____

Administered by _____ CDT score _____

Patient progress questionnaire



Fuel the Brain™

This questionnaire is for healthcare providers to measure patient progress and to gauge if treatment goals are being met. Please ask your patient or their caregiver the following questions and record the answers.

Dose compliance

Did the patient start Axona® using the Graduated Dosing Plan? Yes No

Does the patient tolerate a daily 40-gram dose of Axona? Yes No

For what period of time has the patient been taking Axona?



Is the patient dose compliant (took at least 80% of doses)? Yes No

Percent compliance _____

Food preferences

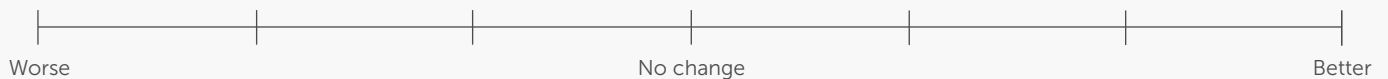
After which meal is Axona usually taken? Breakfast Lunch Dinner Other

Describe a typical meal eaten before taking Axona:

What types of liquids or soft foods do you prefer to mix Axona with?

Caregiver assessment (changes since starting Axona)

Memory



Activities of Daily Living (e.g., capable of self-care)



Social Interactions

