

Long-Term Memory Loss Test

Personal Information:

Name:

Age:

Gender:

Date of Test:

Instructions:

Fill in the blanks with the information requested. Answer each question to the best of your ability.

Section 1: Memory Test

Answer the following questions about your past:

What is your childhood address?

Answer:

Name your elementary school.

Answer:

Recall a significant event from your teenage years

Answer:

Section 2: Working Memory Test

Perform mental calculations:

- $23 + 17 =$ _____
- $45 - 12 =$ _____
- $8 \times 6 =$ _____
- $72 \div 3 =$ _____

Section 3: General Questions

Answer the following general questions:

Name three items you commonly misplace:

1. _____

2. _____

3. _____

What is your favorite childhood memory?

Answer:

Section 4: Additional Notes

Any additional comments or notes regarding your memory or concerns:

Comments: