



Brain Health Screener

BrainSpan by LifeScape

The following questions will help you determine how ‘healthy’ your brain is - from family history & cognitive performance to lifestyle habits and emotional state.

- ☐ I have a close relative with dementia, Parkinson’s or ApoE4 genetic risk.
- ☐ I experience trouble concentrating or staying focused on tasks.
- ☐ I often feel mentally fatigued or “foggy,” even after adequate rest.
- ☐ I forget names, appointments, or details more often than I used to.
- ☐ I have suffered at least one concussion or traumatic brain injury.
- ☐ I frequently sleep less than 7 hours or wake up feeling unrefreshed.
- ☐ I consume alcohol, tobacco, or marijuana in any form more than once a week.
- ☐ I consume foods high in sugar or processed ingredients most days of the week.
- ☐ I exercise less than 150 minutes per week.
- ☐ I rarely engage in mindfulness, relaxation, or mental rejuvenation practices.
- ☐ I feel ongoing stress, depression, anxiety, or mood instability that affects my daily functioning.

Scoring Guide (Non-Medical, For Program Placement Only):

0: Low need — keep up the good work!

1-3: Moderate need — consider basic brain nutrition and coaching program

4-10: High need — strong candidate for an intensive brain-optimization program.