

# Learning styles checklist

After you complete this checklist, look at your answers and think about your preferences. Then think about whether you are putting yourself in learning situations that suit your preferences.

- I learn the best in the morning
- I learn best in the afternoon
- I learn best at night
- I learn best by listening
- I learn best by reading or seeing what has to be done
- I learn best by doing - actually trying out what has to be done
- I like to learn by being shown what to do
- I like to learn by myself - without help from others
- I am a detail orientated person
- I do not like to be bothered with details - just give me the big picture
- I like to work with my hands
- I like to think and develop new ideas
- I like quiet to think
- I like people and activity around me when I think
- I like regular and predictable routines
- I like to know exactly what I have to do
- I like lots of freedom to be creative



On the sheet before you is a series of questions on memory and concentration problems that you may have experienced while going about your everyday activities. We would like you to estimate how often you have noted such problems recently. In other words, if you find that a given description corresponds to a complaint or problem that you may have, then you should answer the question by indicating the frequency with which it occurs. Please mark the box that best corresponds to your experience.

1. Have you noticed any difficulty remembering things?

1                      2                      3                      4                      5

—————  —————  —————  —————

Never                      Rarely                      Sometimes                      Often                      Very often

2. Do you have difficulty remembering information that is freshly received and that must be used immediately, such as a telephone number, an address, a room number, a bus route number or a doctor's name?

1                      2                      3                      4                      5

—————  —————  —————  —————

Never                      Rarely                      Sometimes                      Often                      Very often

3. Do you have difficulty memorising things, such as a grocery list or a list of names?

1                      2                      3                      4                      5

—————  —————  —————  —————

Never                      Rarely                      Sometimes                      Often                      Very often

4. Do you have difficulty remembering the names of your medications?

1                      2                      3                      4                      5

—————  —————  —————  —————

Never                      Rarely                      Sometimes                      Often                      Very often

5. Do you forget things, such as a date with a friend, or a doctor's appointment?

1                      2                      3                      4                      5

—————  —————  —————  —————

Never                      Rarely                      Sometimes                      Often                      Very often

6. Do you forget to take your medication?

1                      2                      3                      4                      5  
 —————  —————  —————  —————   
Never                      Rarely                      Sometimes                      Often                      Very often

7. Do you have difficulty remembering information that you read in the newspapers or hear on TV?

1                      2                      3                      4                      5  
 —————  —————  —————  —————   
Never                      Rarely                      Sometimes                      Often                      Very often

8. Do you have difficulty doing household chores or repairs? For example, do you ever forget how to cook things or what ingredients go into a recipe?

1                      2                      3                      4                      5  
 —————  —————  —————  —————   
Never                      Rarely                      Sometimes                      Often                      Very often

9. Do you have difficulty remembering how to get to the hospital or the outpatient clinic or even to your own place?

1                      2                      3                      4                      5  
 —————  —————  —————  —————   
Never                      Rarely                      Sometimes                      Often                      Very often

10. Do you have difficulty remembering the names of well-known people, such as the Prime Minister of Australia?

1                      2                      3                      4                      5  
 —————  —————  —————  —————   
Never                      Rarely                      Sometimes                      Often                      Very often

11. Do you have difficulty remembering national capitals, important dates in history, names of countries on other continents, or major scientific discoveries?

1                      2                      3                      4                      5  
 —————  —————  —————  —————   
Never                      Rarely                      Sometimes                      Often                      Very often

12. Are you absent minded or up in the clouds? For example, you lose your train of thought in a conversation because you are distracted or you have a hard time focusing on what you are reading?

1                      2                      3                      4                      5  
 —————  —————  —————  —————   
Never                      Rarely                      Sometimes                      Often                      Very often

13. Do you have difficulty being on the alert or reacting to unexpected situations? For example, a fire alarm or a car that rushes by suddenly as you are crossing the street?

1                      2                      3                      4                      5  
 —————  —————  —————  —————   
Never                      Rarely                      Sometimes                      Often                      Very often

14. Do you have difficulty making out what's important when you are presented with different bits of information simultaneously? For example, the name of your medication or your next doctor's appointment while two people are talking about music nearby.

1                      2                      3                      4                      5  
 —————  —————  —————  —————   
Never                      Rarely                      Sometimes                      Often                      Very often

15. Are you unable to do two things at once? For example, memorise an address while making coffee, or count the money in your wallet while the pharmacist explains your medication to you?

1                      2                      3                      4                      5  
 —————  —————  —————  —————   
Never                      Rarely                      Sometimes                      Often                      Very often

16. Do you have trouble focusing your attention on the same thing for more than 20 minutes? For example at a conference or a book reading or during a lesson in a classroom.

1                      2                      3                      4                      5  
 —————  —————  —————  —————   
Never                      Rarely                      Sometimes                      Often                      Very often