GUIDE & CHECKLIST: IF ALZHEIMER'S RUNS IN YOUR FAMILY

- ☐ **Talk to your doctor about your family history or concerns about cognitive changes.** Mention it explicitly at your next physical — it should factor into your care plan the same way a family history of heart disease or cancer would.
- ☐ **Build your modifiable-risk habits now, not later.** Exercise, blood pressure control, sleep, social engagement, and diet measurably influence cognitive trajectory — and matter more, not less, with elevated genetic risk.
- ☐ **Ask about a baseline cognitive assessment.** Establishing a cognitive "baseline" in your 50s or 60s makes it far easier for a doctor to detect meaningful change later, rather than guessing what's "new."
- ☐ **Learn (and periodically revisit) the 10 warning signs.** Knowing them means you'll notice a pattern instead of dismissing it.
- ☐ **Decide, deliberately, whether genetic counseling is right for you.** A genetic counselor can walk you through what APOE or familial-mutation testing would and wouldn't tell you, plus insurance and family implications — before you test, not after.
- ☐ **Have the family conversation.** Ask about how relatives were diagnosed, at what age, and what specialists they saw — this history is useful clinical information, not just family lore.
- ☐ **Know where to go if you notice something.** Identify a primary care doctor or memory disorders clinic you'd call first, before you need one.

Note: Every claim is sourced to the Alzheimer's Association, FDA, CDC, NIA, or peer-reviewed research current as of August 2026