

Questionnaire

I. Application

Name of the guardian (family member):

Relationship to the trialist (example: first-born of 3 children (female/female/male)):

Address:

Tel:

Email:

Name of the trialist (recipient of Kouka):

Birth date and age of the trialist:

Current symptoms:

Diagnosis of dementia: Diagnosed (specify the name of the disease) / Not diagnosed

Medication: Prescribed (specify the name(s) of the drug(s)) / Not prescribed

Difficulty for the trialist:

Difficulty for the family:

Expected improvement:

Agreement on commitment for reporting and anonymous disclosure of data at academic conferences etc.: Agree / Disagree

Publication of the trialist's name: Desirable / Undesirable

Publication of the trialist's photos etc.: Desirable / Undesirable

After the start of dosing, trialists are requested to submit 4 reports at the time below.

1st: After 2 weeks from the start

2nd: After 1 month from the start

3rd: After 2 month from the start

4th: After 3 month from the start

2. After 2 Weeks

Did you feel any changes in 2 weeks? Yes / No

Did you skip taking Kouka? Yes / No

Specify the change(s).

Note:

Do you want to continue the program? Yes / No

Why do you want to continue or discontinue?

Another batch will be sent to those who want to continue.

Note that almost 100% of Kouka users who are living with dementia experienced some kind of positive change on cognitive functions in 3 months.

3. After 1 Month

Did you feel any changes in a month? Yes / No

Did you skip taking Kouka? Yes / No

Specify the change(s).

Note:

Do you want to continue the program? Yes / No

Why do you want to continue or discontinue?

Another batch will be sent to those who want to continue.

Note that almost 100% of Kouka users who are living with dementia experienced some kind of positive change on cognitive functions in 3 months.

4. After 2 Months

Did you feel any changes in 2 months? Yes / No

Did you skip taking Kouka? Yes / No

Specify the change(s).

Note:

5. After 3 Months

Did you feel any changes in 3 month? Yes / No

Did you skip taking Kouka? Yes / No

Specify the change(s).

Note:

Do you want to continue taking Kouka to recover cognitive functions?

Yes / No

Why do you want to continue or discontinue?