

Cognitive Function

Please respond to each question or statement by marking one box per row.

In the past 7 days...

		Never	Rarely (Once)	Sometimes (Two or three times)	Often (About once a day)	Very often (Several times a day)
PC1r	I have had trouble forming thoughts	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PC2r	My thinking has been slow.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PC3r	My thinking has been foggy.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PC5r	I have had trouble adding or subtracting numbers in my head	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PC7r	I have made mistakes when writing down phone numbers	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PC8r	I have had trouble concentrating	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PC10r	I have had trouble finding my way to a familiar place.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PC11r	I have had trouble remembering where I put things, like my keys or my wallet	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PC12r	I have had trouble remembering whether I did things I was supposed to do, like taking a medicine or buying something I needed.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

In the past 7 days...

		Never	Rarely (Once)	Sometimes (Two or three times)	Often (About once a day)	Very often (Several times a day)
PC13r	I have had trouble remembering new information, like phone numbers or simple instructions	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PC14r	I have had trouble recalling the name of an object while talking to someone.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PC18r	I have had trouble speaking fluently	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PC21r	I have walked into a room and forgotten what I meant to get or do there.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PC22r	I have needed medical instructions repeated because I could not keep them straight.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PC25r	I have had to work really hard to pay attention or I would make a mistake	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PC26r	I have forgotten names of people soon after being introduced.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PC28r	My reactions in everyday situations have been slow	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PC30r	Other people have told me I seemed to have trouble remembering information....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PC35r	It has seemed like my brain was not working as well as usual.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PC36r	I have had to work harder than usual to keep track of what I was doing.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

In the past 7 days...

		Never	Rarely (Once)	Sometimes (Two or three times)	Often (About once a day)	Very often (Several times a day)
PC37r	My thinking has been slower than usual ..	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PC38r	I have had to work harder than usual to express myself clearly	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PC39r	I have had more problems conversing with others	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PC40r	I have had to use written lists more often than usual so I would not forget things	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PC41r	I have had trouble keeping track of what I was doing when interrupted	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PC42r	I have had trouble shifting back and forth between different activities that require thinking.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PC48r	I have hidden my problems with memory, concentration, or making mental mistakes so that others would not notice.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PC49r	I have been upset about my problems with memory, concentration, or making mental mistakes	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PC50r	My problems with memory, concentration, or making mental mistakes have interfered with my ability to work	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PC51r	My problems with memory, concentration, or making mental mistakes have interfered with my ability to do things I enjoy	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

In the past 7 days...

		Never	Rarely (Once)	Sometimes (Two or three times)	Often (About once a day)	Very often (Several times a day)
PC53r	My problems with memory, concentration, or making mental mistakes have interfered with the quality of my life	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PC-CaPS25r	I have had difficulty multi-tasking	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1