

## Cognitive Function- Short Form 8a

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)
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
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
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
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
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
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
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