

## Cognition Function– Short Form

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

In the past 7 days...		Never	Rarely (once)	Sometimes (2-3 times)	Often (once a day)	Very often (several times a day)
NQCOG64r1	I had to read something several times to understand it.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
NQCOG75r1	My thinking was slow.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
NQCOG77r1	I 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
NQCOG80r1	I had trouble concentrating.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

How much DIFFICULTY do you currently have...		None	A little	Somewhat	A lot	Cannot do
NQCOG22r1	reading and following complex instructions (e.g., directions for a new medication)?.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
NQCOG24r1	planning for and keeping appointments that are not part of your weekly routine, (e.g., a therapy or doctor appointment, or a social gathering with friends and family)?.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
NQCOG25r1	managing your time to do most of your daily activities?.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
NQCOG40r1	learning new tasks or instructions?.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

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