Cognitive Function- Short Form 6a

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.....	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
PC35r	It has seemed like my brain was not working as well as usual.....	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
PC36r	I have had to work harder than usual to keep track of what I was doing	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
PC42r	I have had trouble shifting back and forth between different activities that require thinking	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
PC8r	I have had trouble concentrating	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
PC25r	I have had to work really hard to pay attention or I would make a mistake	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1

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