Applied Cognition-General Concerns-Short Form 4a

Please respond to each item 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)**
PC2	My thinking has been slow	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PC35	It has seemed like my brain was not working as well as usual	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PC36	I have had to work harder than usual to keep track of what I was doing	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PC42	I have had trouble shifting back and forth between different activities that require thinking	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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