Please rate your problems with concentration, memory, and thinking skills during the past 7 days.

Use this scale: 0 = Not at all       1 = Some       2 = Quite a bit       3 = Very much

Past 7 Days

Forgetfulness / Memory Problems ........................................... ______
Poor concentration .................................................................. ______
Trouble expressing my thoughts .............................................. ______
Trouble finding the right word .............................................. ______
Slow thinking speed ............................................................... ______
Trouble figuring things out or solving problems .................... ______

Please answer the questions below regarding how you feel in the past 7 days. Circle your response.

1. The symptoms I noted above make it difficult for me to do my job (if not working, answer based on your last job).
   False, Not at all       Slightly True       Mainly True       Very True

2. The symptoms I noted above make it difficult for me to have good relationships with my family and friends.
   False, Not at all       Slightly True       Mainly True       Very True

3. The symptoms I noted above make it difficult for me to enjoy social activities, recreational activities, or hobbies.
   False, Not at all       Slightly True       Mainly True       Very True