

BC-CCI – E

Name _____

Date _____

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 True 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 True 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 True Slightly True Mainly True Very True