FACT-Cog (Version 3)

Below is a list of statements that other people with your condition have said are important. Please circle or mark one number per line to indicate your response as it applies to the past 7 days.

	PERCEIVED COGNITIVE IMPAIRMENTS	Never	About once a week	Two to three times a week	Nearly every day	Several times a day
CogA1	I have had trouble forming thoughts	0	1	2	3	4
CogA3	My thinking has been slow	0	1	2	3	4
CogC7	I have had trouble concentrating	0	1	2	3	4
CogM9	I have had trouble finding my way to a familiar place	0	1	2	3	4
CogM10	I have had trouble remembering where I put things, like my keys or my wallet	0	1	2	3	4
CogM12	I have had trouble remembering new information, like phone numbers or simple instructions	0	1	2	3	4
CogV13	I have had trouble recalling the name of an object while talking to someone	0	1	2	3	4
CogV15	I have had trouble finding the right word(s) to express myself	0	1	2	3	4
CogV16	I have used the wrong word when I referred to an object	0	1	2	3	4
CogV17b	I have had trouble saying what I mean in conversations with others	0	1	2	3	4
CogF19	I have walked into a room and forgotten what I meant to get or do there	0	1	2	3	4
CogF23	I have had to work really hard to pay attention or I would make a mistake	0	1	2	3	4
CogF24	I have forgotten names of people soon after being introduced	0	1	2	3	4

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	1	Never	About once a week	Two to three times a week	Nearly every day	Several times a day
CogF25	My reactions in everyday situations have been slow	0	1	2	3	4
CogC31	I have had to work harder than usual to keep track of what I was doing	0	1	2	3	4
CogC32	My thinking has been slower than usual	0	1	2	3	4
CogC33a	I have had to work harder than usual to express myself clearly	0	1	2	3	4
CogC33c	I have had to use written lists more often than usual so I would not forget things	0	1	2	3	4
CogMT1	I have trouble keeping track of what I am doing if I am interrupted	0	1	2	3	4
CogMT2	I have trouble shifting back and forth between different activities that require thinking	0	1	2	3	4

Please circle or mark one number per line to indicate your response as it applies to the <u>past 7</u> days.

Г		COMMENTS FROM OTHERS	Never	About once a week	Two to three times a week	Nearly every day	Several times a day
	CogO1	Other people have told me I seemed to have trouble remembering information	0	1	2	3	4
	CogO2	Other people have told me I seemed to have trouble speaking clearly	0	1	2	3	4
	CogO3	Other people have told me I seemed to have trouble thinking clearly	0	1	2	3	4
	CogO4	Other people have told me I seemed <u>confused</u>	0	1	2	3	4

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	PERCEIVED COGNITIVE ABILITIES	Not at all	A little bit	Somewhat	Quite a bit	Very much
CogPC1	I have been able to concentrate	0	1	2	3	4
CogPV1	I have been able to bring to mind words that I wanted to use while talking to someone	0	1	2	3	4
CogPM1	I have been able to remember things, like where I left my keys or wallet	0	1	2	3	4
CogPM2	I have been able to remember to do things, like take medicine or buy something I needed	0	1	2	3	4
CogPF1	I am able to pay attention and keep track of what I am doing without extra effort	0	1	2	3	4
CogPCH1	My mind is as sharp as it has always been	0	1	2	3	4
CogPCH2	My memory is as good as it has always been	0	1	2	3	4
CogPMT 1	I am able to shift back and forth between two activities that require thinking	0	1	2	3	4
CogPMT 2	I am able to keep track of what I am doing, even if I am interrupted	0	1	2	3	4

Please circle or mark one number per line to indicate your response as it applies to the $\underline{\text{past 7}}$ days.

	IMPACT ON QUALITY OF LIFE	Not at all	A little bit	Somewhat	Quite a bit	Very much
CogQ35	I have been upset about these problems	0	1	2	3	4
CogQ37	These problems have interfered with my ability to work	0	1	2	3	4
CogQ38	These problems have interfered with my ability to do things I enjoy	0	1	2	3	4
CogQ41	These problems have interfered with the quality of my life	0	1	2	3	4