

# Cognitive Assessment Questionnaire

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

**Instructions:** Please read each statement carefully and choose the response that best reflects the frequency with which the described behavior has occurred in the past six months.

Use the rating scale provided to assign a rating to each item. The ratings range from 0 to 4, as follows: 0 Never, 1 Very rarely, 2 Occasionally, 3 Quite often, 4 Very often

Question	Very Often	Quite Often	Occasion-ally	Very Rarely	Never
1. Are you easily distracted by external stimuli or unrelated thoughts?	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
2. Do you often feel overwhelmed or have difficulty managing multiple tasks at once?	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
3. Are you experiencing challenges in staying focused on specific tasks or activities?	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
4. Do you frequently misplace or lose important items?	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
5. Do you find it challenging to stay organized and keep track of deadlines or appointments?	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
6. Are you experiencing difficulties in problem-solving or decision-making?	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
7. Do you often struggle to recall recent events or conversations?	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
8. Are you having trouble understanding and following complex instructions or information?	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
9. Do you frequently experience mental fatigue or mental exhaustion?	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
10. Are you finding it hard to retain new information or learn new things?	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
11. Do you frequently experience mental fog or have trouble thinking clearly?	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
12. Are you experiencing difficulties in expressing your thoughts or ideas verbally?	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
13. Do you often find yourself daydreaming or having a wandering mind?	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
14. Are you experiencing challenges in managing your time effectively?	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
15. Do you frequently experience difficulty in initiating or completing tasks?	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0

16. Do you consider yourself clumsy, for example, dropping things or bumping into people?	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
17. Do you have difficulty in making up your mind?	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
18. Do you have difficulty following conversations or understanding complex instructions?	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
19. Do you experience difficulty in remembering important dates, such as birthdays or anniversaries?	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
20. Do you struggle to find the right words or experience frequent word-finding difficulties?	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0

**TOTAL SCORE:**

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### How to Calculate

To calculate the total score for the Cognitive Impairment Assessment, you'll need to sum up the ratings you assigned to each item. Each item has a rating ranging from 0 to 4.

Assign a rating to each item based on the person's behavior in the past six months using the rating scale provided.

Once you have responded to all the items, write down the rating you assigned to each item.

Add up all the ratings to calculate the total score.

To calculate the total score, sum up all the ratings:

$$\text{Total Score} = 2 + 3 + 1 + 4 + 2 + 3 + 0 + 2 + 4 + 1 = 22$$

The total score will fall within the range of 0 to 28, with a higher score indicating a higher level of cognitive impairment observed.

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### Notes: