

# Neurocognitive Self-Assessment

## Personal Information

Name:

Age:

Education Level:

Occupation:

## Cognitive Skills Check

### 1. Memory

Rate your short-term memory from 1-10:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
Lowest									Highest

Can you recall recent events easily?

- Yes  
 No

### 2. Attention and Concentration

How well do you focus on tasks?

- Poor  
 Good  
 Fair  
 Excellent

Do you find it easy to switch between different tasks?

- Yes  
 No

### 3. Executive Function

Describe your problem-solving abilities briefly.

Rate your decision-making skills from 1-10:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
Lowest									Highest

### 4. Processing Speed

How quickly can you process information?

- Slow
- Moderate
- Fast

Are you comfortable with timed activities?

- Yes
- No

### 5. Language Skills

Rate your vocabulary from 1-10:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
Lowest									Highest

How fluent are you in expressing ideas verbally?

- Limited
- Moderate
- High

## Neurological and Motor Skills

Any concerns related to coordination or motor skills?

- Yes  
 No

## Emotional and Behavioral Check

Rate your overall mood from 1-10:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
Lowest									Highest

Do you experience anxiety frequently?

- Yes  
 No

## Conclusion

Reflect on your self-assessment and note any areas of concern.

Consider seeking professional advice if needed.