

Cognitive Function – Short Form 7a

Please respond to each question or statement by marking one box per row.

In the past 4 weeks...		None of the time	A little of the time	Some of the time	Most of the time	All of the time
pedsPCF5_FA	Your child has to use written lists more often than other people his/her age so he/she will not forget things.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
NQCOG44_2 Ar	It is hard for your child to pay attention to one thing for more than 5-10 minutes.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
NQCOG65_2 Ar	Your child has trouble keeping track of what he/she is doing if he/she gets interrupted	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
pB10_FA	Your child has to read things several times to understand them	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
pB8_FA	Your child forgets things easily	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
pedsPCF8_FA	Your child has to work really hard to pay attention or he/she makes mistakes.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
pedsPCF6_FA	Your child has trouble remembering to do things like school projects or chores	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1