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NAME

DATE

COGNITIVE DIFFICULTIES QUESTIONNAIRE

	YES	NO
1. Are you currently experiencing any attention or concentration difficulties?	_____	_____
2. Are you currently experiencing any memory difficulties?	_____	_____
3. Are you able to express yourself as well as you always could?	_____	_____
4. Do you now experience difficulties planning or organizing your daily life?	_____	_____
5. Are you able to solve problems as efficiently as you always could?	_____	_____
6. Do you now become confused (or make a mistake) about where you are?	_____	_____
7. Do you have more difficulty now in calculating or working with numbers?	_____	_____
8. Are you experiencing any vision difficulties?	_____	_____
9. Are you more emotional now than you were previously?	_____	_____
10. Do you believe you are depressed?	_____	_____
11. Are you experiencing frequent headaches?	_____	_____