Site: _____

Participant Number: _____

Individual Overseeing Completion:
Initials: _____ Date: _____

Cognitive Function Index
Participant

Instructions: Please complete this form independently, without consulting anyone. Answer all questions with reference to one year ago.

1. Compared to one year ago, do you feel that your memory has declined substantially?
   ☐ **Yes** ☐ **No** ☐ **Maybe**
2. Do others tell you that you tend to repeat question over and over?
   ☐ **Yes** ☐ **No** ☐ **Maybe**
3. Have you been misplacing things more often?
   ☐ **Yes** ☐ **No** ☐ **Maybe**
4. Compared to one year ago, do you find that you are relying more on written reminders (e.g., shopping lists, calendars)?
   ☐ **Yes** ☐ **No** ☐ **Maybe**
5. Do you need more help from others to remember appointments, family occasions or holidays?
   ☐ **Yes** ☐ **No** ☐ **Maybe**
6. Do you have more trouble recalling names, finding the right word, or completing sentences?
   ☐ **Yes** ☐ **No** ☐ **Maybe**
7. Do you have more trouble driving (e.g., do you drive more slowly or too fast, have more trouble at night, tend to get lost, have accidents)?
   ☐ **Yes** ☐ **No** ☐ **Maybe** ☐ **Does Not Apply**
8. Compared to one year ago, do you have more difficulty managing money (e.g., paying bills, calculating change, completing tax forms)?
   ☐ **Yes** ☐ **No** ☐ **Maybe** ☐ **Does Not Apply**
9. Are you less involved in social activities?
   ☐ **Yes** ☐ **No** ☐ **Maybe**
10. Has your work performance (paid or volunteer) declined significantly, compared to one year ago?
    ☐ **Yes** ☐ **No** ☐ **Maybe** ☐ **Does Not Apply**

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Cognitive Function Index
Participant

11.	Do you have more trouble following the news or the plots of books, movies, or TV shows? ☐ **Yes** ☐ **No** ☐ **Maybe**
12.	Are there any activities (e.g., hobbies such as card games, crafts) that are substantially more difficult for you now compared to one year ago? ☐ **Yes** ☐ **No** ☐ **Maybe**
13.	Are you more likely to be come disoriented, or get lost, for example when traveling to another city? ☐ **Yes** ☐ **No** ☐ **Maybe**
14.	Compared to one year ago, do you have more difficulty using household appliances (such as washing machine or microwave) or electronic devices (such as computer or cell phone)? ☐ **Yes** ☐ **No** ☐ **Maybe**
15.	In the past year, have you seen a doctor about memory concerns? ☐ **Yes** ☐ **No**

To be completed by study staff:

Method of Collection ___ In-person/Self ___ By phone/Interview	**Comments:** _____ _____ _____