

South Boulder Healing Center, PLLC

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NAME

DATE

COGNITIVE DIFFICULTIES QUESTIONNAIRE

Please answer the questions below relative to how you have been feeling *after* the accident. It may be that you have experienced the symptom in the past, but it has been worse since.

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