Patient Self-Assessment
Cognition

Community Cancer Institute

Check the response that indicates how frequently you have the same experience.

	Never	Almost never	Sometimes	Almost always	Always
1. I am able to concentrate					
2. I have had seizures (convulsions)					
3. I can remember new things					
4. I get frustrated that I cannot do things I used to					
5. I am afraid of having a seizure (convulsion)					
6. I have trouble with my eyesight					
7. I feel independent					
8. I have trouble hearing					
9. I am able to find the right word(s) to say what I mean					
10. I have difficulty expressing my thoughts					
11. I am bothered by the change in my personality					
12. I am able to make decisions and take responsibility					
13. I am bothered by the drop in my contribution to the family					
14. I am able to put my thoughts together					
15. I need help in caring for myself (bathing, dressing, eating, etc.)					
16. I am able to put my thoughts into action					
17. I am able to read like I used to					
18. I am able to write like I used to					
19. I am able to drive a vehicle (my car, truck, etc.)					
20. I have trouble feeling sensations in my arms, hands, or legs					
21. I have weakness in my arms or legs					
22. I have trouble with coordination					
23. I get headaches					

Cella DF, Tulsky DS, Gray G, et al. The Functional Assessment of Cancer Therapy scale: development and validation of the general measure. J Clin Oncol 1993;11:570-579.