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CONSTRUCTION AND VALIDATION OF URDU COGNITIVE FAILURE QUESTIONNAIRE
(ادراکی ناکامی کا سوالنامہ)

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Abstract

The study aimed to develop a linguistically and culturally appropriate Urdu-language scale to examine everyday cognitive impairment and memory-related problems. It comprises of two studies, and study 1 includes 2 phases, in phase1, the pool of 27 items was generated and presented to a subject expert for qualitative review of the items. After qualitative and proficient evaluation, some of the items were deleted. In the experimental tryout Exploratory factor analysis via Principal Component Analysis (PCA) was conducted on 251 individuals and their age ranged from 14 to 52 (M= 25; SD= 7.61). After the confirmation through Bartlett's test of sphericity, the KMO value was .84, indicated the sample was adequate. The findings of the Principal Component Analysis (PCA) claimed a unidimensional structure of the item which suggest there is no underlying subscales in this new scale. The Reliability alpha coefficient of the scale is (.82). Convergent validity was also assessed with the Revised Everyday Memory Questionnaire (REMQ) suggesting significant positive correlation between UCFS and REMQ. Therefore, Urdu Cognitive Failure Questionnaire (ادراکی ناکامی کا سوالنامہ) demonstrates significant and acceptable psychometric properties which seems to be culturally and linguistically appropriate for use in Urdu-speaking populations.

1. INTRODUCTION

Cognitive factors refer to those characteristics and processes which shape and influence mental capabilities of individuals. It includes perception, thinking, learning, memorization and processing of information, essentially modulating core cognitive functions (Danili & Reid, 2006). Being internal mental processes, cognitive factors are behavioral responses to external stimuli including stress and other environmental challenges. Research suggests that efficiency in routine daily activities is greatly impacted by cognitive functioning. For instance, functions related to decision-making have been found to determine the ability to live independently in older adults. Better executive and decision-making functions improve independent living while poorer functioning reduce capability to live independently (Vaughn & Giovanello, 2010).

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Cognitive failure refers to minor errors, lapses or failures in routine cognitive functions. It describes the state where individuals experience slight lapses which effect the smooth flow of life. Humans engage in numerous activities everyday which involve the use of cognitive processes such as attention, memory and other motor functions. Any minor lapse or failure of any of these functions result in temporary breaks, interrupting the ongoing behavior (Broadbent et al.1982). Cognitive failure is a subjective phenomenon as different individuals exhibit different patterns of failures. It is largely influenced by personal characteristics such as personal traits, emotional and stress levels and external environment; indicating that cognitive failures are shaped by internal factors as well as external stimuli (Tirre, 2018). Cognitive failures disrupt intended flow of thoughts, action and other cognitive processes reflecting lapses, and breakdown of control in daily activities. The Cognitive Failures Questionnaire (CFQ), is a common tool used to assess and evaluate such lapses across multiple domains (Broadbent et al. 1982).

Broadbent operationally defines cognitive failure as the frequency of lapses or minor errors in perception, attention, memory, and motor functioning experienced in everyday life (Broadbent et al., 1982). Similarly, mental fatigue refers to a state of psychological exhaustion and decreased cognitive efficiency resulting from long and continuous mental efforts. It a subjective phenomenon characterized by a sense of mental tiredness, which reduces concentration and leads to impairments in judgement. Rather than resulting from an isolated or single stimulus, mental fatigue develops as a consequence of sustained and extended cognitive tasks and demands, essentially differentiating it from acute stress responses (Kocalevent et al., 2011).

As CFQ (Broadbent et al., 1982), serves as a common self-assessment tool measuring lapses in perception, memory, and motor function. Broadbent suggested that cognitive failures increase susceptibility to the negative impacts of stress rather than arising directly from stress.

Recent research has further investigated the relationship between cognitive failures and psychological distress. Han et al. (2024) studied breast cancer survivors, suggesting that interventions addressing distractibility, memory, and motor functions might reduce cognitive failures and ease psychological distress. Similarly, findings reported in work by Fisher et al. (2020) noted ties between cognitive failures and distress in bereaved individuals. While Brück et al. (2019), observed similar comparable trends in intensive care unit survivors. Self-reported cognitive lapses have been identified as a marker of a ruminative cognitive style, possibly raising vulnerability to mental health problems, such as heightened negative emotions. These studies show the wide applicability of construct to different populations (Bridger et al., 2011; Payne & Schnapp, 2014).

There are several approaches to studying cognitive failures but studying it in native language offer unique and important insights into how individuals deal with information, sustain attention and process and manage cognitive tasks in daily life. Development of assessment tools in other, non-native languages potentially compromise reliability and validity because particular meanings, expressions and cultural nuances and sensitivities may be misunderstood, misinterpreted or even lost (Beaton et al., 2000; Maneesriwongul & Dixon, 2004). When instruments are developed in native languages, it comes naturally to participants. They are able to understand and respond to the items in ways that reflect their experiences accurately. Cognitive processes, functions and behavioral responses are shaped by language and culture, making culturally appropriate assessment crucial (Berry et al., 2011).

Cognitive errors have increasingly been recognized as a major factor affecting patient safety, especially in healthcare and clinical settings. Croskerry (2003) noted that diagnostic inaccuracies can often be prevented, yet they substantially influence patient outcomes and wellbeing. His work underscores the relevance and importance of reflective and introspective

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practices, where medical and clinical practitioners critically assess their own thought processes to detect and rectify potential errors in reasoning. Continued research into cognitive diagnostic reasoning (CDR) present significant potential for mitigating diagnostic mistakes and improving overall patient care and safety (Croskerry, 2003).

These cognitive failures, particularly in clinical populations, may serve as early signals of deteriorating mental and cognitive performance. Research identified that subjective cognitive failure (SCF) in individuals with hypertension correlated with poorer cognitive performance and the presence of cerebral microbleeds. These findings highlight the importance of considering cognitive failure as possible early warnings of neurological impairment. It emphasizes the utility of neurocognitive assessment and brain imaging in identifying subtle cognitive impairments (Uiterwijk et al., 2014).

Collectively, these research studies underscore cognitive failure as a concept relevant not only to general cognition but also to emotional and psychological health, neurological functioning, and everyday efficiency. Understanding the drivers and effects of cognitive failures carries significant implications for both clinical and non-clinical populations

Rationale

Cognitive failure represents brief lapses in attention, memory, or execution during routine tasks, observed among both clinical and non-clinical populations. Carrigan and Barkus (2016) framed cognitive failures as an individual's proneness to errors in real-world planned thoughts and actions. Their analysis revealed that vulnerability to these lapses did not consistently correlate with measurable cognitive function, implying they manifest practical cognitive limitations rather than inherently flawed ability. Temporary cognitive conditions interacting with inherent characteristics may shape the likelihood of such lapses and failures (Carrigan & Barkus, 2016).

In countries like Pakistan, where English is third language for majority of population, applying of English-based cognitive assessments comes with several shortcomings. For instance, since people are unaccustomed to English language, it may result in misunderstandings, misinterpretations, or inaccuracy in responses. Furthermore, culturally grounded and relevant tools yield higher-quality data, shape interventions tailored to local needs and enhance indigenous psychological research.

Similarly, native language can also facilitate the study of cognitive failures more aptly and aids in development of culturally relevant interventions. It helps researchers to analyze and identify cognitive lapses and their impacts on daily life of individuals, particularly according to local communication patterns, sociocultural expectations and environmental stressors. Therefore, investigating cognitive failures in Urdu ensures accessibility and serve as a key step towards authentic, relevant and scientifically accurate findings. Moreover, Urdu measures will also promote credible assessments and will support future research and clinical practice in cognitive psychology.

Objectives

1. Design a short and reliable measure for identification of memory related issues in the native language.
2. To assess the psychometric properties and analyze exploratory factor analysis, and to find the construct validity of the scale.
3. To established the convergent validity of the KH cognitive Failure scale

Methodology

For developing a cultural relevant scale for understanding memory related problems in native language. The study 1 was conducted in two phases, in phase one qualitative analysis was done while in phase two exploratory factor analysis done. In study two the convergent validity of the scale was assessed.

Study I

Phase 1: Item generation and qualitative analysis

An item pool comprising 27 items was established in the Urdu language to capture culturally relevant appearances of cognitive

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failures. The items were written in simple, clear, and culturally appropriate language to ensure that it could be easily understood by population. Each item aimed to assess functional aspects of memory, attention, executive functioning, and comprehension as experienced in everyday life. Responses were recorded using a Likert-type scale with five options: (*Very True, True, Don't Know, Wrong, and Very Wrong),* allowing respondents to indicate the degree to which each statement applied to them. This format facilitated self-reporting of cognitive difficulties while remaining culturally and linguistically accessible for Urdu-speaking populations. These items were reviewed through qualitative analysis under the supervision of a subject-matter expert to certify clearness, cultural appropriateness, and content relevance. The items were evaluated for relevance, and necessary modifications were made based on the responses. At this stage seven (7) item were removed for refining and eliminating weak items. Qualitative item analysis improved the overall quality of the items.

Phase 2: Establishing the Psychometrics of the scale Via factor Analysis

Principal Component Analysis (PCA) was conducted to examine the underlying factor structure of the scale and to identify the latent constructs measured by the items. Prior to conducting PCA, the suitability of the data for factor analysis was assessed using the Kaiser–Meyer–Olkin (KMO) measure of sampling adequacy and Bartlett's test of sphericity.

Sample

In the second phase of the study, data were collected from a sample of 251 participants (n=251) through convenience sampling from colleges (Khyber Girls' Medical College), universities (Khyber Medical University, University of Peshawar, Iqra University), and the general community in Peshawar, Pakistan. The age range of the participants were from 14 to 52 (M= 25.00 and SD= 7.61). The sample was consisted of 110 male, and 141 females, and having minimum qualification middle and maximum qualification above masters.

Instruments

The demographics characteristics of the participants were asked and mentioned on the top of the scale which includes, their age, gender, qualification.

Urdu Cognitive Failure Questionnaire (ادراکی ناکامی کا سوالنامہ UCFQ)

The cognitive failure questionnaire is developed in Urdu language to capture culturally relevant appearances of cognitive failures. Each item aimed to assess functional aspects of memory, attention, executive functioning, experienced in everyday life. Responses were recorded using a Likert-type scale with five options: (*Very True* (بالکل درست), *True* (درست)، *Wrong* (غلط)، *Very Wrong* (بالکل غلط) *and Don't Know*(معلوم نہیں)), allowing respondents to indicate the degree to which each statement applied to them. The content validity evaluated for relevance, and necessary modifications were made based on the responses resulting in the removal of seven items for refining and eliminating weak items. After the expert review the UCFQ (ادراکی ناکامی کا سوالنامہ) consists of 20 items. A higher score means higher Cognitive Impairment. There is no reverse coded in the in the scale.

Procedure

Prior to data collection, participants were informed about the aim of the study, assured of the confidentiality of their responses, anonymity, and notified that participation was voluntary. The scale was administered in paper-and-pencil format. Participants were required to have a minimum educational qualification of middle school and the ability to read and understand Urdu. Completed questionnaires were screened for missing values and response inconsistencies before statistical analysis. In this phase the purpose was to examine the factor structure of newly designed questionnaire (ادراکی ناکامی کا سوالنامہ).

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Study 2: Establishment of Convergent Validity

Sample

To further evaluate construct validity, the Urdu Cognitive Failure Questionnaire was administered alongside well-established psychological instrument Revised Everyday Memory Questionnaire. A sample of 100 participants was collected through convenience sampling from different institute in Abbottabad and Peshawar. The age range of the participants were from 13 to 48 (M= 26.99 and SD= 8.35). The sample included male 45 and 55 female.

Instrument

Along with the retained items of Urdu Cognitive Failure Questionnaire, Revised Everyday Memory questionnaire was used to establish the convergent validity of the scale.

Revised Everyday Memory Questionnaire

Convergent validity was examined using the Everyday Memory Questionnaire–Revised which assesses everyday memory lapses and is conceptually linked to cognitive failures. consequently, a weighty positive correlation was anticipated. Everyday Memory Questionnaire Established by Sunderland, Harris, and Baddeley in 1983, the EMQ-R was refined by Royle and Lincoln (2008) with the purpose of improving the factor structure. The EMQ-R contains 13 items that assess the frequency of common everyday memory lapses. Psychometric evaluation of the EMQ-R indicates satisfactory reliability and validity. Cronbach's alpha coefficients generally reported above .80. Test–retest reliability studies suggest that the questionnaire demonstrates adequate stability over time, supporting its reliability. Construct validity is demonstrated by the clear two-factor structure identified through factor analysis. Convergent validity is indicated by significant correlations between EMQ-R scores and other measures of memory complaints, cognitive functioning, and attentional difficulties.

Procedure

Before collecting data, participants were informed about the aim of the study, assured of the confidentiality of their responses, anonymity, and notified that participation was voluntary and solely volunteer based. Informed consent was obtained from all participants before administering the questionnaire. The scale was administered in paper-and-pencil format. Completed questionnaires were screened for missing values and response inconsistencies before statistical analysis. The two scales were attached in one form and presented to the subject for recording their responses. Similarly, participants were informed about the purpose of the study. Participants were required to have a minimum educational qualification of middle school and the ability to read and understand Urdu and English to ensure accurate comprehension of the items, because the other two measures were in English.

Results

Table 1 Demographic Characteristics of the Sample in Study 1

	n	Percentage %
Gender		
Male	110	43.8
Female	141	56.2
Education		
Middle	12	4.8
Matriculate	43	17.1
Intermediate	118	47.0
Bachelor	52	20.7
Master and above	26	10.4
Total	251	100%

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Note : *n= number of participants, %= Percentage*

Table 2 *KMO and Bartlett's Test of Sampling Adequacy*

KMO	Bartlett's Test χ^2	Df	P
.84	853.63	78	< .001

Note : *KMO = Kaiser–Meyer–Olkin measure of sampling adequacy; df = degrees of freedom;* ***p*** *= significance level.*

The results in table 2 shows the Kaiser-Meyer-Olkin (KMO). Bartlett's test of sphericity was statistically significant, the KMO value was .84, χ^2 (78) = 853.63, p < .001, which indicated the sample was adequate for factor analysis.

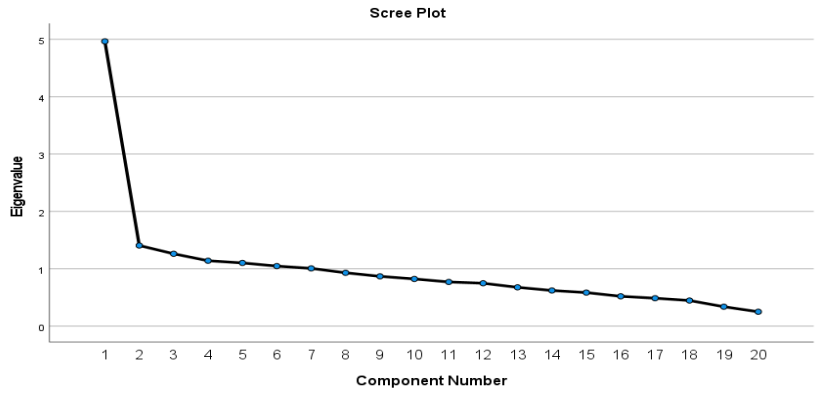
Table 3 Eigen Values and Percentages of Variances of UCFS

Component	Eigenvalue	% of Variance	Cumulative %
1	3.095	38.682	38.682

In table 3 the results yielded one component with an eigenvalue greater than 1 (λ = 3.095), accounting for 38.682% of the total variance, demonstrates a unidimensional structure.

Figure 1

Figure 1 Scree Plot for Factor Matrix of 20 items using Direct Oblimin Method *(N=251)*



The scree plot showed a clear break after the first component, this indicates a one-factor solution.

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Table 4 Final Factor Structure of UCFQ (ادراکی ناکامی کا سوالنامہ) Using Principal Component Analysis with Direct Oblimin Rotation (18 items)

Item No.	Component Matrix
1	.609
2	.580
3	.666
4	.552
5	.445
6	.324
7	.400
8	.527
9	.374
11	.506
13	.653
14	.428
15	.749
16	.349
17	.587
18	.611
19	.434
20	.314

Note. UCFQ= Urdu Cognitive Failure Questionnaire

Table 4 shows principal component analysis (PCA), conducted to examine the underlying structure of the items, with a fixed one-factor solution. The Component Matrix displayed that all items loaded on a single factor, with factor loadings ranging from (.314 to .749). item number 10 and 12 does not loaded on component matrix.

Table 5 Alpha Reliability of Retained Urdu Cognitive Failure Questionnaire (ادراکی ناکامی کا سوالنامہ), (N = 251)

Scale	No. of items	Mean	S.D.	Range	Alpha

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Scale	No. of items	Mean	S.D.	Range	Alpha
Retained UCFQ	18	55.97	13.75	18-119	.77

Note. ***N*** *= 251,* ***SD*** *= standard deviation; UCFQ= Urdu Cognitive Failure Questionnaire*

Table 5 shows the reliability analysis for Retained 18 items of UCFQ (ادراکی ناکامی کا سوالنامہ) suggested acceptable reliability (α = .77, *N = 251).* This clearly indicated that the retained items are highly internal consistent.

Table 6 Alpha Reliability of UCFQ (ادراکی ناکامی کا سوالنامہ), and REMQ (N = 100)

Scale	No. of items	Mean	S.D.	Range	Alpha
UCFQ	18	49.14	10.89	18-88	.82
REMQ	13	30.67	10.03	13–62	.84

N = 100, M = mean; SD = standard deviation; α = Cronbach's alpha.

Table 6 shows the reliability analysis for UCFQ (ادراکی ناکامی کا سوالنامہ) suggested high reliability (α = .82), in another sample of *N = 100.* This clearly indicated that both the convergent measure and the newly designed cognitive failure scale both show high internal consistency.

Table 7 Pearson Correlations proving Convergent Validity by Inter-scale Correlation between REMQ and UCFQ (ادراکی ناکامی کا سوالنامہ) (N = 100)

Variable	1	2
1. REMQ	–	
2. UCFQ	.479**	–

Note. Correlation is significant at $p < .01$** (two-tailed).
Questionnaire (ادراکی ناکامی کا سوالنامہ) ($r = .479$, $p < .001$).

The Pearson correlation was assessed in table number 7; results indicated a **positive and statistically significant correlation** between Revised Everyday Memory Questionnaire and final version of Urdu Cognitive Failure

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Discussion

The main purpose of the study was to design a culturally appropriate scale for Every day

memory problems in Urdu language. The study intended to develop a culturally appropriate Urdu-language measure of everyday cognitive lapses and problems. The scale building procedure involved initial item generation, an items pool of 27 was developed and presented for qualitative expert analysis, in which 7 items were deleted due to poor wording and comprehension issues. The 20 items were retained and applied on N= 251 sample. the reliability assessment was done. The Kaiser-Meyer-Olkin (KMO) for measuring the sampling advocacy, Bartlett's test of sphericity was statistically significant, the (KMO) value was .84. Factor analysis was conducted directly for this sample.

Following this, Principal Component Analysis (PCA) was applied to examine the underlying structure of the scale. Rather than using item-total correlation as a separate step, item retention was based directly on the factor loadings produced through PCA. Items whose loadings fell below the accepted minimum of .30 were removed. leaving a final set of 18 items showing one component with an eigenvalue greater than 1 (λ = 3.095), accounting for 38.682% of the total variance. Most items demonstrated acceptable factor loadings above .30, indicating that the items adequately represented a single underlying construct. The strongest loading was observed for the item "I forget important tasks during the day" (loading = .749), while the lowest loading was observed for "I often forget words while talking" (loading = .314). Item loading on item 10 and 12 was missing in analysis, and thus removed from the Urdu cognitive failure questionnaire,(ادراکی ناکامی کا سوالنامہ)

Study II was conducted assess Convergent validity of the scale. Stefana et al. (2025), states that convergent validity is the major validity assessment in scale development. Convergent validity is the extent to which a measure shows strong relationships with other measures of the same construct. It provides evidence that a newly developed scale measures the intended construct by demonstrating expected correlations with established measures (Boateng et al., 2018). Weak or low correlations with measures of the same construct may indicate low convergent validity. (Lekwa et al., 2019). It is significant element of construct validation because relationships among scales of the same construct provide evidence supporting the validity of the instrument (Clark & Watson, 2019). For this reason, in the current study the Convergent validity of the newly developed scale of cognitive impairment/cognitive failures was applied along the well-known measure of a theoretically related construct which was (Revised Everyday Memory Questionnaire). A significant association between the two measures would indicate that the new scale behaves as expected in relation to an existing measure, thereby supporting its construct validity. Th findings indicate a meaningful relationship between Retained Urdu Cognitive Failure Questionnaire (UCFQ) and Revised Everyday Memory Questionnaire (REMQ). The reliability of Everyday memory questionnaire (.84) and the reliability of (ادراکی ناکامی کا سوالنامہ) is (.82). which suggest a good internal reliability. The moderate positive correlation (r = .479) suggests that these constructs may share conceptual overlap or reflect related psychological dimensions.

Overall, (ادراکی ناکامی کا سوالنامہ) appears to play a central role, as it significantly relates to another construct. A key strength of the present study lies in the culturally grounded development process. Rather than adapting an existing Western measure, the items were generated in Urdu and designed to reflect real-life situations familiar to the target population. By concentrating on culturally stranded item designing, the study donates to the growing need for indigenous psychological assessment tools in Pakistan.

Conclusion

The purpose was to develop an Urdu scale which can measure everyday difficulty in cognitive functioning because there are many scales in English which cannot measure the

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actual phenomenon and feelings of Pakistani people due to language barrier, and cultural issues. So, to design this scale it can be used for people who cannot understand English properly. The scale undergone with relevant steps, first item generation and qualitative analysis phase. The next step was to run Exploratory factor analysis on sample (N=251) and see the underlined factors in this scale and to retained those items which have a good factor loading (>.3) and then for convergent validity it was applied on another sample (N=100). The psychometric properties for retained items were (α = .82). The scale shows a good internal consistency and evidences for construct validity. By concentrating on culturally stranded item designing, the study donates to the growing need for indigenous psychological assessment tools in Pakistan. The Urdu Cognitive Failure Questionnaire (ادراکی ناکامی کا سوالنامہ) has the potential to serve as an important and meaningful instrument in both researches, applied medical settings.

Limitations Suggestions for future Recommendation

Although it is found the Urdu cognitive failure scale is reliable questionnaire for assessing everyday memory lapses and this is very important and relevant measure for people who know Urdu, the study has certain limitations that must be addressed.

1: Participants were engaged through convenience sampling, which may bound the generalizability of the study finding, and due to this it cannot be generalized.

2: The sample was mainly drawn from educational institutions in Peshawar and Abbottabad, and that is the reason that this sample may not fully represent individuals from rural areas or different educational backgrounds.

3: Another limitation is the study based on self-reporting measure, though self-reports are appropriate for assessing subjective cognitive complaints, they may be influenced by response biases or individual variances in self-an awareness.

It is recommended for future studies and researchers to perform Confirmatory Factor analysis to identify the factor structure and its adequacy. It is also recommended that it should be used on larger scale for enhancing generalizability. To ensure its applicability it should be validated through different cities of Pakistan.it can be used to identify memory related issues in clinical setups

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Appendix

Final Draft of Retained Urdu Cognitive Failure Questionaire ادراکی ناکامی کا سوالنامہ

ہدایت:

بیان	بالکل صحیح	صحیح	پتہ نہیں	غلط	بالکل غلط
.1 سبق دہراتے وقت مجھے مشکلات پیش آتی ہیں۔	☐	☐	☐	☐	☐
.2 میں اکثر اوقات چیزیں رکھ کر بھول جاتا/جاتی ہوں۔	☐	☐	☐	☐	☐
.3 میں اپنی چیزیں دریافت کرنے سے پہلے ہی بیچ میں بھول جاتا/جاتی ہوں۔	☐	☐	☐	☐	☐
.4 مجھے نئی چیزیں دریافت کرنے میں مشکلات پیش آتی ہیں۔	☐	☐	☐	☐	☐
.5 مجھے مشکل کتابیں پڑھنے میں الجھن محسوس ہوتی ہے۔	☐	☐	☐	☐	☐
.6 مجھے اکثر بھول جاتا ہے کہ آج کیا تاریخ ہے۔	☐	☐	☐	☐	☐
.7 آسان سوال حل کرنے میں بھی مجھے مشکلات پیش آتی ہیں۔	☐	☐	☐	☐	☐
.8 اکثر اوقات مجھے لوگوں کے نام بھول جاتے ہیں۔	☐	☐	☐	☐	☐
.9 پیسوں کی گنتی کرتے وقت میں عموماً غلطی کر جاتا/جاتی ہوں۔	☐	☐	☐	☐	☐
.10 اکثر اوقات بازار جاتے وقت میں ضروری سامان گھر بھول جاتا/جاتی ہوں۔	☐	☐	☐	☐	☐
.11 میں جب کسی کام کے لیے جاتا/جاتی ہوں تو اس جگہ پہنچ کر وہ کام بھول جاتا/جاتی ہوں۔	☐	☐	☐	☐	☐
.12 میں نئے چہروں کو آسانی سے نہیں پہچان سکتا/سکتی۔	☐	☐	☐	☐	☐
.13 میں دن میں اہم کام کرنا بھول جاتا/جاتی ہوں۔	☐	☐	☐	☐	☐
.14 میں بات کرتے وقت بھول جاتا/جاتی ہوں کہ میں نے کیا کہنا تھا۔	☐	☐	☐	☐	☐
.15 میں بھول جاتا/جاتی ہوں کہ میں نے دروازہ بند کیا ہے یا نہیں۔	☐	☐	☐	☐	☐
.16 مجھے اہم کام یاد نہیں رہتے۔	☐	☐	☐	☐	☐

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بیان	بالکل صحیح	صحیح	پتہ نہیں	غلط	بالکل غلط
17. مجھ سے اکثر نماز میں غلطی ہو جاتی ہے۔	☐	☐	☐	☐	☐
18. میں اکثر بات کرتے وقت الفاظ بھول جاتا/جاتی ہوں۔	☐	☐	☐	☐	☐

ذیل میں دیے گئے بیانات آپ کے روزمرہ کے تجربے سے متعلق ہیں۔ ہر بیان کو غور سے پڑھیں اور دیے گئے اختیارات میں سے اس جواب پر ✓ کا نشان لگائیں جو آپ کے لیے سب سے زیادہ موزوں ہو۔

Scoring:
The scale uses a 5-point response format ranging from 1 (*Bilkul Ghalat*) to 5 (*Bilkul sahi)*. No reverse coding is required for the items. Higher scores indicate a greater level of perceived cognitive impairment or severe cognitive difficulties.

Use of the Scale/Permission:
Researchers, students, clinicians, and academic professionals may use this scale for non-commercial purposes. Users are expected to appropriately acknowledge and cite the original author and source of the scale.

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