

Client ID # _____

Date of Administration: _____

COGNITION

CLINICIAN-COMPLETED

- 1. During this assessment period, was the client's cognition assessed with a validated tool ?**
 - Yes
 - No
 - Unsure

- 2. During this assessment period, was the client's cognition used for treatment planning?**
 - Yes
 - No
 - Unsure

CLINICS SHOULD ADMINISTER EITHER THE PENN CNB OR THE BAC-APP V2.1.0