

**Indianapolis Study of Health and Aging
Neuropsychology Checklist**

Date: ___/___/___

Patient Name: _____

Sex: M F

D.O.B.: ___/___/___

Education: _____

Occupation: _____

Eligibility

- Family Contacted
- Family Approved Subject Participation

Patient Mental Status Review

- Responds to Voice
- Can Follow Commands
 - Raise Right Hand
 - Tell Name

Informed Consent

- Informed Consent Read to Patient
- Informed Consent Signed
- Pink Copy to Patient
- Yellow Copy to Patient Chart (Misc)
- White Copy to Study

Testing

- Neuropsychology Face Sheet Completed
- Standard Protocol Booklet Administered
- Geriatric Depression Scale
- Cognitive Status Summary Sheet
- Study Generated Tracking Sheet

INDIANAPOLIS - IBADAN PROJECT

Neuropsychological Battery

Indianapolis Version

Revised: November 6, 1992

Indianapolis Study of Health and Aging

Name: _____ Occu: _____

Age: _____ Date: _____

Educ: _____ Tech: _____

Cognitive Status Profile

		MMSE			AF			BNT			CP			WL-S			WL-D			
Educ		all	low	hg	all	low	hg	all	low	hg	all	low	hg	all	low	hg	all	low	hg	
Within Normal Limits	75th	29	28	30	17	14	20	14	13	15	11	11	11	18	15	22	6	5	7	
	50th	27	27	29	14	12	16	13	12	14	9	8	10	14	13	18	4	3	6	
	25th	26	25	27	11	10	13	10	9	13	8	7	9	12	11	14	3	2	3	
	10th	24	23	26	10	9	11	9	7	11	7	7	7	9	9	12	1	1	2	
	5th	23	22	25	9	8	10	7	6	10	7	6	7	8	7	10	0	0	1	
	2nd	22	22	24	7	4	9	6	6	9	6	6	7	7	6	10	0	0	1	
		Present																		
		Past																		
		Change	-3			-5			-3			-2			-6			-2		

Note: low.educ=<12 years (n=48, age=75, educ=7); high educ=12+ (n=35, age=74, educ=14); all=both samples (n=83, age=75, educ=10).

NEUROPSYCHOLOGICAL DEMOGRAPHIC SHEET

Date: __/__/__
MM DD YY

Patient Name: _____
(First) (M) (Last)

Subject Number: _____ Sex: Male Female

Date of Birth: __/__/__ Age: __
MM DD YY

Ethnicity: Caucasian African-Amer Hispanic Asian other (_____)

Native Language: English Spanish German French other

Education (# yrs completed): __ State Educated In: __

Description of Education:

- GED tech/sec/bus. train postgraduate
- seminar/courses 2 yr/assoc deg other (describe)
- company train 4 year college

Primary Occupation (title, description duties, and duration): _____

years in Primary Occupation: __

Handedness: (circle one) Right Left Mixed

Examiner Name: _____
(First) (Last)

Location of Exam:

- IUMC outpt...1
- IUMC inpt...2
- Nursing Hm...3
- Hospital...4
- S's Home...5
- Other...6

Evaluation Start Time: __ : __

Evaluation Finish Time: __ : __

MINI-MENTAL STATUS EXAM

"Now I would like to ask you some questions to check your memory and concentration. Some of them will be easy and some of them will be hard." Read items exactly as they are written. Record patient's response and correct answer for each item. (Record score for each item: 0 = incorrect; 1 = correct; NA; D/C; R)

- (___/1) 1. What is the year?
Pt: _____ Actual: _____
- (___/1) 2. What is the season of the year? (March = W/Sp;
June = Sp/Su; Sept. = Su/F; Dec. = F/W)
Pt: _____ Actual: _____
- (___/1) 3. What is the month?
Pt: _____ Actual: _____
- (___/1) 4. What is the date? (Day of month.)
Pt: _____ Actual: _____
- (___/1) 5. What is the day of the week?
Pt: _____ Actual: _____
- (___/1) 6. What state are we in?
Pt: _____ Actual: _____
- (___/1) 7. What county are we in?
Pt: _____ Actual: _____
- (___/1) 8. What city are we in?
Pt: _____ Actual: _____
- (___/1) 9. What floor are we on?
Pt: _____ Actual: _____
- (___/1) 10. What is the name of this building (address if
home)?
Pt: _____ Actual: _____
- (___/3) 11. I am going to name 3 objects. After I say them, I
want you to repeat them. I want you to remember
them because I will ask you to name them again
for me in a few minutes. Please repeat these
names for me.
Apple _____
Table _____
Penny _____
Trials (1-3) _____ (4 = unable)
- (___/5) 12. Now I want you to say the days of the week, from
Monday to Friday. (Repeat if needed, assist as
needed). Now I want you to say the days of the
week backwards (in reverse order), start with
Friday and go backwards. (No further assistance).

F Th W Tu M (Score is number correct
before first error)

MMSE-Indpls.

(___/3) 13. What were the 3 objects I asked you to remember?

Apple _____
Table _____
Penny _____

(___/1) 14. What is this called? (Point to your wristwatch.)

Pt: _____

(___/1) 15. What is this called? (Show your pencil.)

Pt: _____

(___/1) 16. I would like you to repeat a phrase after me: NO IF'S, AND'S, OR BUT'S. (Do not repeat. Allow only one trial. Must be perfect to receive credit.)

Pt: _____

(___/1) 17. Read the words on this page, then do what it says. (Code as correct only if subject closes eyes. Verbal response not important. If subject fails, enter zero for #17 and go to Part B.)

	<u>Score</u>
<u>Part B</u> : Read the phrase out loud.	0 1
<u>Part C</u> : Do what he is doing.	0 1

(___/3) 18. I am going to give you a piece of paper. When I do, take the paper in your right hand, fold the paper in half with both hands, and put the paper down on your lap. (Read full statement, then hand the paper midline. Do not repeat or coach.)

Right Hand _____
Folds in Half _____
In Lap _____

(___/1) 19. Write any complete sentence on this piece of paper. (Spelling and grammar are not important. Must have a subject, real or implied, and a verb: "Go away" is acceptable.)

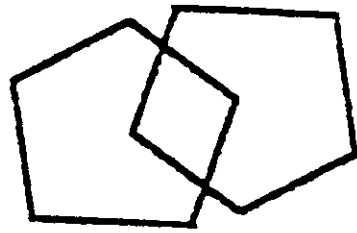
(___/1) 20. Here is a drawing. Please make a copy of it in this area. (Score correct if the two 5-sided figures intersect to form a 4-sided figure and if all angles in the 5-sided figures are preserved.)

TOTAL MMSE SCORE: _____/30

CLOSE YOUR EYES

Name: _____ Date: / /

Name: _____ Date: / /



ANIMAL FLUENCY

"I am going to give you a category and I want you to name, as fast as you can, all of the things that belong in that category. For example, if I say 'Articles of Clothing', you could say shirt, tie, or hat. Can you think of other articles of clothing?"

After you are satisfied that the subject understands the task and has given 2 words naming articles of clothing, say ...

"That's fine. I want you to name all of the things that belong to another category. That is 'Animals'. Any type of animal is OK: farm animals, birds, fish, any kind of animal will do. You will have one minute. Ready, go."

Record answers in appropriate 15 second intervals. If the subject says he/she is done before time is up, encourage the subject to continue responding by saying ...

"Keep trying to tell me as many animals as you can."

Time Intervals

<u>0-15 sec</u>	<u>16-30 sec</u>	<u>31-45 sec</u>	<u>46-60 sec</u>
1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____
4. _____	4. _____	4. _____	4. _____
5. _____	5. _____	5. _____	5. _____
6. _____	6. _____	6. _____	6. _____
7. _____	7. _____	7. _____	7. _____
8. _____	8. _____	8. _____	8. _____
9. _____	9. _____	9. _____	9. _____
10. _____	10. _____	10. _____	10. _____
11. _____	11. _____	11. _____	11. _____
12. _____	12. _____	12. _____	12. _____
13. _____	13. _____	13. _____	13. _____
14. _____	14. _____	14. _____	14. _____
15. _____	15. _____	15. _____	15. _____
0-15 sec = ___	16-30 sec = ___	31-45 sec = ___	46-60 sec = ___

Grand Total = _____

Scoring Notes:

1. Do not give additional credit for repeated words or obvious redundancies (e.g., black dog, brown dog).
2. A species and any accompanying breeds within a species each get credit (e.g., dog, terrier, poodle).
3. Separate names for male and female of a species each get credit (e.g., bull and cow).
4. Anything not vegetable or mineral is animal.

BOSTON NAMING TEST - 15

"Now I am going to show you some pictures and I want you to say the name of each picture."

Record all incorrect responses verbatim. Maximum exposure per picture is 10 seconds. If the subject responds with an over-inclusive response (e.g., "boat" for canoe), use the neutral prompt: "Is there another name for that?" Overly specific answers or subcategory answers (e.g., "daisy" for flower) are generally scored as correct. No other help should be given. If the patient gives more than one response ask them which they prefer. If the patient cannot think of the name of the object, the item is scored as incorrect. Record score as follows: 0 = incorrect; 1 = correct.

<u>Score</u>		HIGH
_____	1.	Tree _____
_____	2.	Bed _____
_____	3.	Whistle _____
_____	4.	Flower _____
_____	5.	House _____

		MEDIUM
_____	6.	Canoe _____
_____	7.	Toothbrush _____
_____	8.	Volcano _____
_____	9.	Mask _____
_____	10.	Camel _____

		LOW
_____	11.	Harmonica _____
_____	12.	Tongs _____
_____	13.	Hammock _____
_____	14.	Funnel _____
_____	15.	Dominoes _____

	<u>Number Correct</u>
_____	High Frequency
_____	Medium Frequency
_____	Low Frequency
_____	Total Correct

Scoring Notes:

- Colloquial terms are acceptable:
 - house - school, hospital
 - mask - false face, doe face
 - harmonica - mouth organ, French harp, blues harp,
 - hammock - swing
- No points are scored for correct answers following semantic or phonemic cuing for the CERAD.

WORD LIST MEMORY TASK

"I am going read a list of 10 words. Listen closely. When I am finished, I will ask you to tell me all ten words". (Read the words at the rate of one every 2 seconds. Record the serial position of each word recalled.)

<u>Trial 1</u>	<u>Trial 2</u>	<u>Trial 3</u>
1. Butter _____	1. Ticket _____	1. Queen _____
2. Arm _____	2. Cabin _____	2. Grass _____
3. Shore _____	3. Butter _____	3. Arm _____
4. Letter _____	4. Shore _____	4. Cabin _____
5. Queen _____	5. Engine _____	5. Pole _____
6. Cabin _____	6. Arm _____	6. Shore _____
7. Pole _____	7. Queen _____	7. Butter _____
8. Ticket _____	8. Letter _____	8. Engine _____
9. Grass _____	9. Pole _____	9. Ticket _____
10. Engine _____	10. Grass _____	10. Letter _____
<u>T1</u>	<u>T2</u>	<u>T3</u>
Total Correct: _____	_____	_____
Total Intrusions: _____	_____	_____

After Trials 1 and 2 say: "We are going to try that again. Listen closely as I read each word. Later I will ask you to recall all 10 words".

CONSTRUCTIONAL PRAXIS

"Now I would like you to draw this picture as best you can down here in this space (point). Make sure you include everything you see in your copy." Allow approximately 60 sec. per drawing.

ITEM #1 CIRCLE (Examiner say: "circle")

- | | | |
|---|-------------|----------------|
| a) Closed circle | Incorrect.0 | |
| (gap less than 5mm) | Correct...1 | |
| b) Circular shape | Incorrect.0 | |
| (longest diam/shortest diam \leq 1.5) | Correct...1 | Total #1 ___/2 |

ITEM #2 DIAMOND (Examiner say: "diamond")

- | | | |
|---|-------------|----------------|
| a) Draws 4 sides | Incorrect.0 | |
| (3 sides = 0, 5 sides = 0) | Correct...1 | |
| b) Closes all 4 angles of figure | Incorrect.0 | |
| (gap less than 5mm) | Correct...1 | |
| c) Sides of approx. equal length | Incorrect.0 | |
| (longest side/shortest side \leq 1.5) | Correct...1 | Total #2 ___/3 |

ITEM #3 RECTANGLES (no verbal cue)

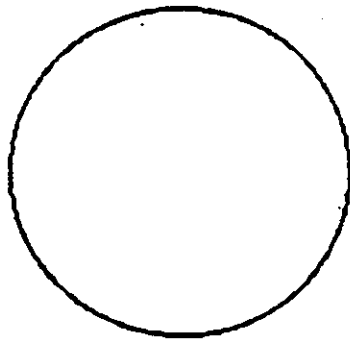
- | | | |
|-------------------------------|-------------|----------------|
| a) Figures are four-sided | Incorrect.0 | |
| | Correct...1 | |
| b) Overlap resembles original | Incorrect.0 | |
| | Correct...1 | Total #3 ___/2 |

ITEM #4 CUBE (no verbal cue)

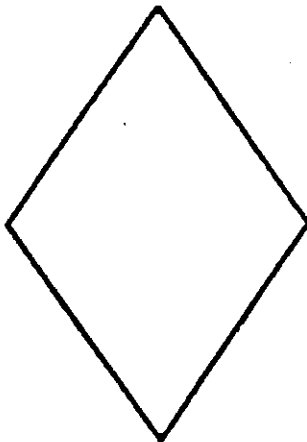
- | | | |
|--|-------------|----------------|
| a) Figure is 3-dimensional | Incorrect.0 | |
| (can exist, has volume) | Correct...1 | |
| b) Frontal face correctly oriented | Incorrect.0 | |
| | Correct...1 | |
| c) Internal lines correctly drawn | Incorrect.0 | |
| (all lines must be present) | Correct...1 | |
| d) Opposite sides are parallel | Incorrect.0 | |
| (within 10 degrees, all lines must be present) | Correct...1 | Total #4 ___/4 |

Grand Total ___/11

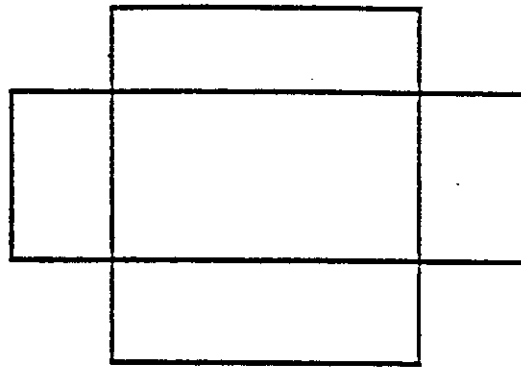
Name: _____ Date: / /



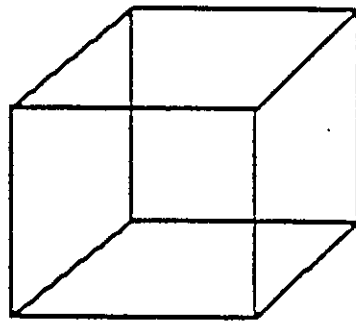
Name: _____ Date: / /



Name: _____ Date: ___/___/___



Name: _____ Date: / /



DELAYED RECALL OF WORD LIST

"A few minutes ago, I read you a list of 10 words several times. Now I want you to recall as many of those words as you can." (Record serial position of each word recalled. Allow 90 seconds. Record intrusions in space provided.)

- | | | |
|------------|-------|-------------------------|
| 1. Butter | _____ | |
| 2. Arm | _____ | |
| 3. Shore | _____ | |
| 4. Letter | _____ | |
| 5. Queen | _____ | |
| 6. Cabin | _____ | Total Correct: _____ |
| 7. Pole | _____ | |
| 8. Ticket | _____ | Total Intrusions: _____ |
| 9. Grass | _____ | |
| 10. Engine | _____ | |

WORD LIST RECOGNITION

"Now I am going to help you out a little. I am going to read another list of words. Some of the words are from the list I read to you earlier and some of the words are new. Say yes if the word is one I read to you before, no if it is not. (Circle subject's response, yes or no.)

<u>Word</u>	<u>Response</u>	<u>Word</u>	<u>Response</u>
1. church	yes/NO	11. QUEEN	YES/no
2. coffee	yes/NO	12. CABIN	YES/no
3. BUTTER	YES/no	13. slipper	yes/NO
4. dollar	yes/NO	14. POLE	YES/no
5. ARM	YES/no	15. village	yes/NO
6. SHORE	YES/no	16. string	yes/NO
7. five	yes/NO	17. TICKET	YES/no
8. LETTER	YES/no	18. troops	yes/NO
9. hotel	yes/NO	19. GRASS	YES/no
10. mountain	yes/NO	20. ENGINE	YES/no

(Correct answers: BOLD-CAPITALS)

Total Correct YES: ___/10
 Total Correct NO: ___/10

DELAYED RECALL OF BNT OBJECTS

NAME: _____

DATE: _____

"A few minutes ago, I asked you to name a series of 15 line drawings of objects from this booklet. (Hold up stimulus booklet but don't show items.) Now I want you to recall as many of those 15 objects as you can." Record serial position of each word recalled. This is not a naming test; therefore, any reasonable name or description of the object that clearly indicates recall is scored as correct. Allow approximately 90 seconds. Record intrusions in space provided.

- | | | | |
|----------------|-------|---------------------|-------|
| 1. Tree | _____ | 9. Mask | _____ |
| 2. Bed | _____ | 10. Camel | _____ |
| 3. Whistle | _____ | 11. Harmonica | _____ |
| 4. Flower | _____ | 12. Tongs/picker-up | _____ |
| 5. House/bldg | _____ | 13. Hammock/swing | _____ |
| 6. Canoe/boat | _____ | 14. Funnel | _____ |
| 7. Toothbrush | _____ | 15. Dominoes/dice | _____ |
| 8. Volcano/Mtn | _____ | | |

Total Correct: ___ ___
 Total Intrusions: ___ ___

BNT OBJECT RECOGNITION

"Now I am going to show you two line drawings at a time. One of them is exactly the same as one you tried to name earlier from this book (hold up stimulus book) and the other one is not. Point to the object that is the same as the one you saw earlier." Circle subject's response, A or B.

<u>Word</u>	<u>Response</u>	<u>Word</u>	<u>Response</u>
1. Tree	a/B	9. Mask	A/b
2. Bed	A/b	10. Camel	a/B
3. Whistle	A/b	11. Harmonica	a/B
4. Flower	a/B	12. Tongs	A/b
5. House	A/b	13. Hammock	a/B
6. Canoe	a/B	14. Funnel	A/b
7. Toothbrush	A/b	15. Dominoes	a/B
8. Volcano	A/b		

(Correct answers: BOLD-CAPITALS)

Total Correct A: ___/8
 Total Correct B: ___/7

MODIFIED TOKEN TEST

NAME: _____

DATE: _____

Instructions: Place the Token sheet on the table so that the small squares in the 16 figure array are closest to the subject. Say, "As you see, there are several figures of different sizes, shapes, and colors; large and small (examiner points) – circles and squares (examiner points) – red, black, yellow, and green (examiner points). I will ask you to do different things on this test. Please listen carefully and try to carry out the actions exactly as I say them. Don't start until after I have finished stating each instruction."

Begin with item #1. If the subject fails to respond after 5 seconds or if the response is incorrect, say "Let's try that again" and repeat the instructions. If the patient again fails to respond or responds incorrectly, proceed to the next item. Give no additional aid. If the subject asks for a repetition or complains that he or she has forgotten part of the command, instruct the subject to do as much as can be remembered. Follow this procedure with all test items. If the subject asks what he or she should point with, say "Your finger."

Score 2 points for correct responses on the first trial. 1 point for success on a second trial, and zero (0) points for failure on a second trial. Minimum score = 0, maximum score = 24.

	<u>Score (circle one)</u>		
1. Point to a square.	2	1	0
2. Point to a yellow circle.	2	1	0
3. Point to the large black square.	2	1	0
4. Point to the large red circle.	2	1	0
5. Point to the small green circle and the small black circle.	2	1	0
6. Point to the small yellow circle and the large red square.	2	1	0

Turn the Token sheet over so that the squares in the eight figure array are closest to the subject.

7. Point to the black circle and the green square.	2	1	0
8. Point to the yellow square or the red circle.	2	1	0
9. Touch all the squares except the green one.	2	1	0
10. Point to the green circle, the black square, and the yellow circle.	2	1	0
11. Touch the black circle after touching the red square.	2	1	0
12. Before pointing to the yellow square, point to the green circle.	2	1	0

Total _____

ANCILLARY ITEMS ~~OPTIONAL~~

Score

___/5 62. Now I am going to give you a word and ask you to spell it forwards and backwards. The word is WORLD. First spell it forwards. Now spell it backwards. (Repeat if needed; help subject spell forward if needed.)

 (Subtract 1 point for each
D L R O W omit, t-pose, and insert.)

~~"Please draw this figure." Cube drawing.~~

Score

- ~~___ 63. Figure is 3-dimensional (can exist, has volume)~~
- ~~___ 64. Frontal face correctly oriented~~
- ~~___ 65. Internal lines correctly drawn
(all lines must be present)~~
- ~~___ 66. Opposite sides are parallel
(within 10 degrees, all lines must be present)~~
- ~~___/4 67. Total~~

GDS

Name: _____

Date: _____

Choose the best answer for how you felt over the past week.

1. Are you basically satisfied with your life?.....yes / no
2. Have you dropped many of your activities and interests?.....yes / no
3. Do you feel that your life is empty?yes / no
4. Do you often get bored?yes / no
5. Are you hopeful about the future?yes / no
6. Are you bothered by thoughts you can't get out of your head?yes / no
7. Are you in good spirits most of the time?yes / no
8. Are you afraid that something bad is going to happen to you?.....yes / no
9. Do you feel happy most of the time?yes / no
10. Do you often feel helpless?.....yes / no
11. Do you often get restless and fidgety?.....yes / no
12. Do you prefer to stay home, rather than going out and doing
new things?.....yes / no
13. Do you frequently worry about the future?.....yes / no
14. Do you feel you have more problems with memory than most?yes / no
15. Do you think it is wonderful to be alive now?yes / no
16. Do you often feel downhearted and blue?yes / no
17. Do you feel pretty worthless the way you are now?yes / no
18. Do you worry a lot about the past?yes / no
19. Do you find life very exciting?yes / no
20. Is it hard for you to get started on new projects?.....yes / no
21. Do you feel full of energy?.....yes / no
22. Do you feel that your situation is hopeless?yes / no
23. Do you think that most people are better off than you are?.....yes / no
24. Do you frequently get upset over little things?.....yes / no
25. Do you frequently feel like crying?yes / no
26. Do you have trouble concentrating?yes / no
27. Do you enjoy getting up in the morning?yes / no
28. Do you prefer to avoid social gatherings?yes / no
29. Is it easy for you to make decisions?yes / no
30. Is your mind as clear as it used to be?yes / no

REVISED BEHAVIORS AND ATTITUDE CHECKLIST

INSTRUCTIONS TO EXAMINERS: These are behavioral ratings on the subject during the session. Please rate the subject's overall behavior on each dimension. Scales are dichotomously anchored. The midpoint represents normal behavior. The continuum end points represent behavioral extremes.

Level of Arousal

1. Sleepy	<table style="margin: auto; border-collapse: collapse;"> <tr> <td style="border-top: 1px solid black; width: 20px; text-align: center;">1</td> <td style="border-top: 1px solid black; width: 20px; text-align: center;">2</td> <td style="border-top: 1px solid black; width: 20px; text-align: center;">3</td> <td style="border-top: 1px solid black; width: 20px; text-align: center;">4</td> <td style="border-top: 1px solid black; width: 20px; text-align: center;">5</td> <td style="border-top: 1px solid black; width: 20px; text-align: center;">6</td> <td style="border-top: 1px solid black; width: 20px; text-align: center;">7</td> </tr> <tr> <td colspan="7" style="text-align: center;">Neutral</td> </tr> </table>	1	2	3	4	5	6	7	Neutral							Hypervigilant
1	2	3	4	5	6	7										
Neutral																

2. Needs external stimulation to stay awake	<table style="margin: auto; border-collapse: collapse;"> <tr> <td style="border-top: 1px solid black; width: 20px; text-align: center;">1</td> <td style="border-top: 1px solid black; width: 20px; text-align: center;">2</td> <td style="border-top: 1px solid black; width: 20px; text-align: center;">3</td> <td style="border-top: 1px solid black; width: 20px; text-align: center;">4</td> <td style="border-top: 1px solid black; width: 20px; text-align: center;">5</td> <td style="border-top: 1px solid black; width: 20px; text-align: center;">6</td> <td style="border-top: 1px solid black; width: 20px; text-align: center;">7</td> </tr> <tr> <td colspan="7" style="text-align: center;">Neutral</td> </tr> </table>	1	2	3	4	5	6	7	Neutral							Actively hallucinating
1	2	3	4	5	6	7										
Neutral																

Attention and Concentration

3. Attentive	<table style="margin: auto; border-collapse: collapse;"> <tr> <td style="border-top: 1px solid black; width: 20px; text-align: center;">1</td> <td style="border-top: 1px solid black; width: 20px; text-align: center;">2</td> <td style="border-top: 1px solid black; width: 20px; text-align: center;">3</td> <td style="border-top: 1px solid black; width: 20px; text-align: center;">4</td> <td style="border-top: 1px solid black; width: 20px; text-align: center;">5</td> <td style="border-top: 1px solid black; width: 20px; text-align: center;">6</td> <td style="border-top: 1px solid black; width: 20px; text-align: center;">7</td> </tr> <tr> <td colspan="7" style="text-align: center;">Neutral</td> </tr> </table>	1	2	3	4	5	6	7	Neutral							Distractible
1	2	3	4	5	6	7										
Neutral																

Visuomotor function

4. Fast to initiate	<table style="margin: auto; border-collapse: collapse;"> <tr> <td style="border-top: 1px solid black; width: 20px; text-align: center;">1</td> <td style="border-top: 1px solid black; width: 20px; text-align: center;">2</td> <td style="border-top: 1px solid black; width: 20px; text-align: center;">3</td> <td style="border-top: 1px solid black; width: 20px; text-align: center;">4</td> <td style="border-top: 1px solid black; width: 20px; text-align: center;">5</td> <td style="border-top: 1px solid black; width: 20px; text-align: center;">6</td> <td style="border-top: 1px solid black; width: 20px; text-align: center;">7</td> </tr> <tr> <td colspan="7" style="text-align: center;">Neutral</td> </tr> </table>	1	2	3	4	5	6	7	Neutral							Slow to initi- ate movement
1	2	3	4	5	6	7										
Neutral																

5. Skilled movements	<table style="margin: auto; border-collapse: collapse;"> <tr> <td style="border-top: 1px solid black; width: 20px; text-align: center;">1</td> <td style="border-top: 1px solid black; width: 20px; text-align: center;">2</td> <td style="border-top: 1px solid black; width: 20px; text-align: center;">3</td> <td style="border-top: 1px solid black; width: 20px; text-align: center;">4</td> <td style="border-top: 1px solid black; width: 20px; text-align: center;">5</td> <td style="border-top: 1px solid black; width: 20px; text-align: center;">6</td> <td style="border-top: 1px solid black; width: 20px; text-align: center;">7</td> </tr> <tr> <td colspan="7" style="text-align: center;">Neutral</td> </tr> </table>	1	2	3	4	5	6	7	Neutral							Awkward movements
1	2	3	4	5	6	7										
Neutral																

Language

6. Excessive	<table style="margin: auto; border-collapse: collapse;"> <tr> <td style="border-top: 1px solid black; width: 20px; text-align: center;">1</td> <td style="border-top: 1px solid black; width: 20px; text-align: center;">2</td> <td style="border-top: 1px solid black; width: 20px; text-align: center;">3</td> <td style="border-top: 1px solid black; width: 20px; text-align: center;">4</td> <td style="border-top: 1px solid black; width: 20px; text-align: center;">5</td> <td style="border-top: 1px solid black; width: 20px; text-align: center;">6</td> <td style="border-top: 1px solid black; width: 20px; text-align: center;">7</td> </tr> <tr> <td colspan="7" style="text-align: center;">Neutral</td> </tr> </table>	1	2	3	4	5	6	7	Neutral							Sparse
1	2	3	4	5	6	7										
Neutral																

7. Direct	<table style="margin: auto; border-collapse: collapse;"> <tr> <td style="border-top: 1px solid black; width: 20px; text-align: center;">1</td> <td style="border-top: 1px solid black; width: 20px; text-align: center;">2</td> <td style="border-top: 1px solid black; width: 20px; text-align: center;">3</td> <td style="border-top: 1px solid black; width: 20px; text-align: center;">4</td> <td style="border-top: 1px solid black; width: 20px; text-align: center;">5</td> <td style="border-top: 1px solid black; width: 20px; text-align: center;">6</td> <td style="border-top: 1px solid black; width: 20px; text-align: center;">7</td> </tr> <tr> <td colspan="7" style="text-align: center;">Neutral</td> </tr> </table>	1	2	3	4	5	6	7	Neutral							Vague
1	2	3	4	5	6	7										
Neutral																

8. Converses spontaneously	<table style="margin: auto; border-collapse: collapse;"> <tr> <td style="border-top: 1px solid black; width: 20px; text-align: center;">1</td> <td style="border-top: 1px solid black; width: 20px; text-align: center;">2</td> <td style="border-top: 1px solid black; width: 20px; text-align: center;">3</td> <td style="border-top: 1px solid black; width: 20px; text-align: center;">4</td> <td style="border-top: 1px solid black; width: 20px; text-align: center;">5</td> <td style="border-top: 1px solid black; width: 20px; text-align: center;">6</td> <td style="border-top: 1px solid black; width: 20px; text-align: center;">7</td> </tr> <tr> <td colspan="7" style="text-align: center;">Neutral</td> </tr> </table>	1	2	3	4	5	6	7	Neutral							Converses only when spoken to
1	2	3	4	5	6	7										
Neutral																

9. Speech garbled or mumbled	<table style="margin: auto; border-collapse: collapse;"> <tr> <td style="border-top: 1px solid black; width: 20px; text-align: center;">1</td> <td style="border-top: 1px solid black; width: 20px; text-align: center;">2</td> <td style="border-top: 1px solid black; width: 20px; text-align: center;">3</td> <td style="border-top: 1px solid black; width: 20px; text-align: center;">4</td> <td style="border-top: 1px solid black; width: 20px; text-align: center;">5</td> <td style="border-top: 1px solid black; width: 20px; text-align: center;">6</td> <td style="border-top: 1px solid black; width: 20px; text-align: center;">7</td> </tr> <tr> <td colspan="7" style="text-align: center;">Neutral</td> </tr> </table>	1	2	3	4	5	6	7	Neutral							Crisp Enunciation
1	2	3	4	5	6	7										
Neutral																

Behavior Checklist

Reaction to test items

10. Understands directions	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	Confused with directions
			Neutral					
11. Tracks task throughout	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	Forgets task Requires help
			Neutral					
12. Easy	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	Effortful
			Neutral					
Work Habits								
13. Fast	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	Slow
			Neutral					
14. Precise	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	Careless
			Neutral					
15. Persistent	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	Abandons
			Neutral					
Affective expression								
16. Euphoric	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	Dysphoric
			Neutral					
Attitude toward examiner								
17. Hostile	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	Friendly
			Neutral					
Attitude toward testing situation								
18. Relaxed	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	Tense/Agitated
			Neutral					
19. Tries hard	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	Tries little
			Neutral					
Attitude toward self								
20. Confident	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	Insecure
			Neutral					

Behavior Checklist

Please check if you learn of or observe any of the following:

<input type="checkbox"/> Neglect	<input type="checkbox"/> Hemiparesis - Left side	<input type="checkbox"/> Right Side
<input type="checkbox"/> Aphasia	<input type="checkbox"/> Uncooperativeness	<input type="checkbox"/> Arthritis
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Catastrophic rxn	<input type="checkbox"/> Paranoia
<input type="checkbox"/> Visual Problems	<input type="checkbox"/> Visual Neglect	<input type="checkbox"/> Halluctn.
<input type="checkbox"/> Auditory Problems	<input type="checkbox"/> Blunted Affect	<input type="checkbox"/> Tremor

Overall judgment of test results:

Valid

1 2 3 4 5 6 7

Invalid

Neutral

Additional observations worth noting: